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City and County of San Francisco

HEALTH COMMISSION
Department of Public Health

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PUBLIC NOTICE

HEALTH COMMISSION MEETINGS IN JANUARY 1996, WILL BE SCHEDULED FOR THE FOLLOWING DATES:

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OCT 31 1995
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Tuesday, January 9, 1996
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

Tuesday, January 23, 1996
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

Posted 11/95

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/96

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Debra A. Barnes
Commissioner

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Lee Ann Monfredini
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

January 9, 1996
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.
JAN 05 1996
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PUBLIC LIBRARY

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF DECEMBER 19, 1995

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Michael D. Shriver)

(3.1) CHS - AIDS - Request to approve the continuation of ten AIDS prevention and surveillance contracts. Five contracts from January 1, 1996 through March 31, 1996, and five contracts from January 1, 1996 through June 30, 1996.

(3.2) CHS - CPHS - Request for approval to accept and expend a new grant, sole source and contract approval in the amount of $52,122 from the California Department of Health Services, Immunization Branch, to fund immunization services at the Mission Neighborhood Health Center for the period of January 1, 1996 to June 30, 1996. (DPH contracted with Mission Neighborhood Health Center for services totaling $691,246 during FY 1994-95).

(3.3) SFGH - Administration - New contract with Results Unlimited, Inc., in the amount of $175,000, to provide customer relations services for the period of February 1, 1996 through June 30, 1996.

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90 SFPL 07/03/02

4) **DIRECTOR'S REPORT**
(Dr. Sandra R. Hernández, Director of Health)

5) **DISCUSSION AND CONSIDERATION OF PROPOSED FY 1996-97 DEPARTMENT OF PUBLIC HEALTH BUDGET PRINCIPLES**

6) **OTHER BUSINESS/PUBLIC COMMENTS***

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Debra A. Barnes
Commissioner

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Lee Ann Monfredini
Commissioner

Michael D. Shriver
Commissioner

9/96

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
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TEL: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, January 9, 1996
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Arthur M. Jackson, at 3:20 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Rebecca P. Castaneda, D.D.S. Commissioner Edward A. Chow, M.D. Commissioner Sharon Gadberry, Ph.D. Commissioner Arthur M. Jackson Commissioner Lee Ann Monfredini
Absent:	Commissioner Michael D. Shriver

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF DECEMBER 19, 1995

Action Taken: The Commission unanimously adopted the minutes of December 19, 1996.

3) CONSENT CALENDAR OF BUDGET COMMITTEE
(Commissioner Arthur M. Jackson)

(3.1) CHS - AIDS - Request to approve the continuation of ten AIDS prevention and surveillance contracts. Five contracts from January 1, 1996 through March 31, 1996, and five contracts from January 1, 1996 through June 30, 1996.

(3.2) **CHS - CPHS** - Request for approval to accept and expend a new grant, sole source and contract approval in the amount of $52,122 from the California Department of Health Services, Immunization Branch, to fund immunization services at the Mission Neighborhood Health Center for the period of January 1, 1996 to June 30, 1996. (DPH contracted with Mission Neighborhood Health Center for services totaling $691,246 during FY 1994-95).

(3.3) **SFGH - Administration** - New contract with Results Unlimited, Inc., in the amount of $175,000, to provide customer relations services for the period of February 1, 1996 through June 30, 1996.

This item was postponed to a future meeting.

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

ADMINISTRATION

1115 Waiver

On December 28, 1995, pursuant to Assembly Bill 911, the State Department of Health Services officially notified counties of its intent to seek approval of a Federal Demonstration Project in Los Angeles County under Section 1115 of the Federal Social Security Act.

The City and County of San Francisco submitted a Letter of Interest indicating its desire to participate in an 1115 Waiver to preserve the health care safety net for Medicaid recipients, the working uninsured/underinsured, low-income persons and indigent persons. San Francisco would conduct a national demonstration project which seeks to extend access, reduce costs and ensure quality health care services. Our vision is to design a quality public/private health care system for Medi-Cal beneficiaries and indigent persons that will bring about a healthier community in San Francisco.

By participating in an 1115 demonstration project, the City and County could develop an all-inclusive plan that would extend Medi-Cal reimbursable services to additional low-income adults and children. Our delivery system would include comprehensive health and mental health services, focusing on prevention, early intervention, primary care services and decreased use of inappropriate and costly emergency room and specialty services.

As with the Los Angeles County waiver proposal, the San Francisco 1115 Waiver would allow the County to obtain new revenues by using existing local dollars to match federal funds. The City and County is particularly interested in exploring options to provide funding for indigent care services; in restructuring the financial funding mechanisms for Medicaid; and in revisions to the disproportionate share funding formula for safety net hospitals to account for ambulatory care activity. Similar to the Los Angeles County 1115 Waiver proposal, San Francisco would like to explore the possibility of expanding the population eligible for federal matching funds.

The Letter of Interest was not a formal waiver proposal for San Francisco. Should San Francisco be selected for participation in this waiver, it would develop a proposal working in conjunction with the

State Department of Health Services and the Health Care Financing Administration. As with the development of the San Francisco Medi-Cal Managed Care Local Initiative, development of any 1115 Waiver would include broad-based participation from private non-profit hospitals, community-based clinics and public providers of Medicaid-funded services.

The State has indicated that counties will receive more detailed instructions and information from the State regarding the Demonstration Project process within 60 days.

San Francisco Health Authority

I am pleased to announce that the San Francisco Health Authority submitted its Knox-Keene application to the State Department of Health Services on December 22, 1995. As you are aware, a Knox-Keene license is required of all health maintenance organizations and other pre-paid health care service plans operating in the State. The State Department of Health Services cannot approve a county's participation in the Two-Plan Model until Knox-Keene licensure has been obtained. The Health Authority hopes to receive a preliminary feedback on its application by April 1, 1996.

The Health Authority is currently in the process completing its Detailed Design Application (DDA) for the State Department of Health Services. This application is also needed to participate in the Medi-Cal managed care two-plan model. This application requires local initiatives to provide more detailed information in the areas of scope of services and provider networks.

Joint Labor Management Meeting

The Department met last week with SEIU Locals 250 and 790 and Teamsters Local 856 to discuss several items of mutual concern. Among the items discussed were: R-Facility, the budget deficit, Prime Vendor Contracts and the Nurses' Labor Agreements. I am pleased to announce that Local 790 has requested that CCSF/DPH extend the current Labor Agreement for one year, pending ratification by the staff nurse Bargaining Unit and approval by the Mayor's Office and Board of Supervisors. The Department believes this to be a mutually beneficial agreement. The collaborative efforts on the part of both the Department and Labor will allow us to move forward with our strategic planning and positioning public health for the many challenges which lay ahead.

SAN FRANCISCO GENERAL HOSPITAL

Baboon Marrow Patient Doing Well

Jeff Getty went home from San Francisco General Hospital last week, three weeks after an experimental and potentially dangerous baboon marrow transplant to control his AIDS. The hospital's daily recorded updates on his condition show no immediate adverse effects.

While things are encouraging so far, it may take months to determine whether the transplant is taking root in Getty's own marrow.

If things go as hoped, the baboon's stem cells should proliferate into the wide range of leukocytes, macrophages, T-cells and other specialized components of healthy immune systems used to combat infections. Baboons seem invulnerable to HIV, the virus that causes AIDS in people by attacking their immune systems. The baboon-derived immune system conceivably could return Getty to outward good health even if it almost certainly cannot rid his body of HIV.

The medical team was led by Dr. Suzzane Ildstad of the University of Pittsburgh and Drs. Steven Deeks and Paul Volberding of the University of California at San Francisco General Hospital.

4A SNF Opening

On December 19, 1995, the SFGH 4A SNF Unit successfully passed the State Department of Health Services licensing survey. Both the State and City Fire Marshals granted occupancy permits. The unit officially opened January 3, 1996, with the first admissions of residents to the SNF. A federal certification survey has been scheduled for the last week in January to ensure Medicare funding for the unit.

Congratulations to Consuelo Ingle, Director of SNF; Ron Walent, Educator/CNS; and Dolores Gomez, Associate Administrator, for all their hard work in making the unit a reality.

Labor Delivery Postpartum Unit (LDRP) Construction

The 6C OB/GYN Unit was closed on December 27 for the construction of the new Labor Delivery Postpartum Unit. Patients cared for on 6C were moved to Unit 6A. Completion of the unit is targeted for mid-June.

Garage

Construction of the parking garage is 79% complete. This week concrete was poured on the sixth and final floor. On December 19, 1995, the Parking and Transportation Commission approved: the bid documents for the SFGHMC Parking System Operator Management Agreement; the Memorandum of Understanding between DPH/SFGHMC, the Parking Authority and DPT regarding operation of the hospital parking system; and amendments to the traffic code to allow permit parking in areas adjacent to and serving SFGHMC. These items will be forwarded to the Government Efficiency and Labor Committee of the Board of Supervisors for a January 23rd hearing.

Critical Care Diversion Statistics

December 1 through December 31, 1995, Critical Care diversion was at 13.4% (99.35 hours). Average critical care census at time of diversion was 22 patients. Total ED diversion was 1.5% or 10 hours and 55 minutes.

LAGUNA HONDA HOSPITAL

Application for Variance Submitted

The Bay Area Air Quality Management District (BAAQMD) has recently enacted new regulations requiring lower boiler plant emission operations effective January 1, 1996. The Hospital's boiler plant is not in compliance with the new regulations. The boiler plant will be retrofitted as part of a project being administered by the Department of Public Works. Due to delays in financing and contract certification, project implementation will not begin until June 30, 1996. The Hospital has applied for a variance to the BAAQMD until the retrofit is completed. A public hearing will be held by the BAAQMD on February 8, when the project will be presented by the Department of Public Works and hospital staff. I will keep you advised of any significant issues regarding the variance request.

Medical Staff Applications

I have signed, on behalf of the governing body, medical staff applications for the following Laguna Honda medical staff:

1. Charles Stinson, M.D., who will serve as head of the Psychiatry Department.
2. F. David Fortuin, Jr., M.D., who will provide as-needed night and weekend coverage.
3. Leonard K. Chen, M.D., who will provide as-needed night and weekend coverage.

COMMUNITY PUBLIC HEALTH SERVICES

Update on Renovations at Tom Waddell Health Center

I am pleased to note that, three years after its appearance, the registration trailer for the Tom Waddell Health Center has been permanently removed from Lech Walesa St. The first phase of renovations of the Health Center are finished, with final remodeling scheduled for completion in February, followed by an Open House later in the month.

The new and expanded space in the remodeled quarters will provide increased accessibility, a mini-laboratory, a more appropriate medication dispensing area, space for psycho-social counseling and support services, twice the number of exam rooms (from seven to 14), and one exam room for people with active respiratory problems.

This new renovated space constitutes an operational base for Tom Waddell Health Center whose multidisciplinary health care teams are located throughout the city at over a dozen locations such as emergency shelters, hotels, multiservice centers and the day labor program. Tom Waddell provides over 40,000 client-encounters annually to San Francisco's homeless and other under-served populations.

Lenscrafters Provides Christmas Gift to Tom Waddell Clients

During the Christmas holidays, Lenscrafters in Colma provided free eye exams, glasses and breakfast for 18 clients of Tom Waddell Health Center. Elizabeth Papadakis, manager of Lenscrafters, contacted the clinic on her own and volunteered this holiday gift, which made the gesture especially gratifying. We are also grateful to the San Francisco Clinic consortium homeless outreach van which provided transportation.

BUREAU OF EPIDEMIOLOGY, DISEASE CONTROL AND AIDS

Grant Award

The Bureau of Epidemiology, Disease Control and AIDS has received a grant award from the State in the amount of $180,000. Half is awarded for the period January 1 to June 30, 1996 and the other half for July 1, 1996 to June 30, 1997, a total of 18 months. The grant will be used to develop an immunization tracking system. The Department will focus on using bar code technology for immunization data entry.

Patient charts and vaccine will have bar code labels and scanning of these labels will replace writing in the chart and use of the data entry clerks for billing. It will provide system-wide, accurate immunization records. It will make electronic immunization surveys of children possible and provide accurate inventory control.

Introduction of bar code technology to the primary care system offers the opportunity to use the technology in other areas such as pharmacy, materials billing and chart control.

HIV Prevention Application

The AIDS Office received a comprehensive external review of its HIV Prevention application submitted to the CDC on October 3, 1995. Our HIV Prevention Plan was noted to address all necessary elements. No areas were cited as needing improvement. The reviewers noted that "it is clear that the applicant is on the cutting edge", and that the "epidemiology profile and the needs assessment are very comprehensive." They also remarked: "The application contains innovative and promising practices throughout. The applicant would be an excellent source of technical assistance for other programs."

The AIDS Office is grateful to the members of the HIV Prevention Planning Council who gave countless hours of their time and expertise to produce the application.

EMERGENCY MEDICAL SERVICES

Diversion Update

Hospital diversion has increased throughout the City over the last two weeks. On Friday, January 5, 1996 four hospitals were on Total Diversion, and at that same time, SFGH went from being on Total Diversion to Critical Diversion. The EMS Agency on-call staff was notified and intervened by calling all hospitals and requesting them to pull resources into their respective emergency departments in an all out effort to clear the emergency departments. The hospitals were all very responsive and the problem resolved within the hour. Again on Saturday night, January 6, four hospitals were on Critical Care Diversion and one Total Diversion. The EMS Agency on call staff intervened and found that the Critical Care Diversion was caused by full ICU beds and no additional nursing available at the late hour (11:30 p.m.) The EMS Agency then, according to protocol, suspended the ability of all hospitals to divert critical care patients. Early Sunday morning, when hospitals were able to increase their staffing, the need for critical care diversion eased and the suspension was lifted This past weekend activity followed a similar event over the New Year's Eve weekend. The EMS Agency notes that this amount of simultaneous hospital diversion activity has not occurred for the last two years. They will continue to monitor the situation. Staff reports that all hospitals staff were well informed regarding the diversion program and policy, and very cooperative in resolving the problem.

DIVISION OF MENTAL HEALTH SERVICES

Victorian Manor Board and Care Facility

As you will recall from last month's meeting, the Department reported on an impending crisis in residential care for 93 seniors. Victorian Manor, a private board and care facility licensed for 100+ seniors, including non-ambulatory SSI beds, was scheduled for closure, apparently due to mortgage default.

I am pleased to report that on January 5, the Department received a copy of a letter sent to all residents of Victorian Manor that the Emeritus Corporation, the company which was leading the buyout, has withdrawn, and Cedar Village, Inc. has resumed management. Furthermore, no residents will be moved pending a determination by Banker's Trust and all daily care services will continue. Victorian Manor will be scheduling a resident meeting prior to February 1 to report on all of the issues and the future of the facility.

The Department has been working diligently and collaboratively with many City Departments to explore the options which we have, or can design, to keep this facility open and to protect the clients from displacement. This is the only residential facility for non-ambulatory SSI clients in the city and has, historically, taken clients that were refused by other facilities.

I am grateful to the Offices of Community Development, Homeless, Housing, Redevelopment, DSS, the Public Guardian, the Ombudsman, Commission on Aging, Licensing, Laguna Honda Hospital, Mental Health and the City Attorney's Office for their willingness to come together to solve this matter. I look forward to reporting back to the Commission within the next few weeks on the direction that this citywide team and project will take.

COMMUNITY SUBSTANCE ABUSE SERVICES

Homeless Mortality Rates in San Francisco

The Coalition on Homelessness and the Alameda County Injury Prevention Program have been estimating homeless rates in San Francisco for the last few years. Recently their 1995 study appeared in newspaper articles. (It was incorrectly attributed to the SF Department of Public Health). Community Substance Abuse Services reviewed and reworked the preliminary data and its analysis and has presented its findings for your information.

Our preliminary data for 1995 indicates a 21% increase in overall homeless deaths from 117 in 1994 to 142 in 1995. The leading cause of death among these cases was drug overdose, up by 48% from 33 in 1994 to 49 in 1995. The largest increase was seen in Acute Polypharmacy (three or more substances causing overdose) from 13 in 1994 to 22 in 1995. Acute and chronic alcoholism displayed a decrease by 20% from 10 in 1994 to 8 in 1995.

Total alcohol and drug caused deaths represented 37% of homeless deaths in 1994 (n=43) and 40% of homeless deaths in 1995 (n=57). The 1995 figure is expected to rise as 17 pending cases that are not presently included in the 1995 data are assigned "causes of death" by the Medical Examiner. Further analysis will be performed to determine the role of "other causes" related to violence and AIDS/HIV on homeless mortality.

Homeless Deaths Caused by Drugs or Alcohol, San Francisco

	1994	1995*
Drug Overdose	33 (28.2%)	49 (34.5%)
Acute or Chronic Alcoholism	10 (8.5%)	8 (5.6%)
Total Alcohol and Drug Deaths	43 (36.7%)	57 (40.1%)
Total Homeless Deaths	117 (100%)	142 (100%)

Source: Injury Prevention Program (1994 Data, Melinda Swanson) and Coalition for Homeless
* (1995 Preliminary Data: 17 cases pending cause of death determination, Josh Brandon)

President Jackson requested a breakdown of data on the causes of death among the homeless.

Dr. Hernández reported a Department of Public Health Transition Report is being prepared for newly elected Mayor Willie L. Brown. A copy of this report will be forwarded to the Commission.

5) DISCUSSION AND CONSIDERATION OF PROPOSED FY 1996-97 DEPARTMENT OF PUBLIC HEALTH BUDGET PRINCIPLES

Monique Zmuda, Chief Financial Officer, presented the preliminary FY 1996-97 Budget Principles of the Department, (Attachment A).

Commissioner Chow emphasized the need to focus on core essential services of public health and how the Department would leverage dollars to cover unsponsored and indigent persons. To justify the need for increased support from the General Fund, the Department would need to demonstrate the County's need of core services and the County's obligation to provide these services.

Dr. Hernández stated the Department will be looking at the scope of services, the service population, the payor-mix, and the cost per unit of service. She pointed out the growing number of indigent persons and lack of services for teens and adolescents.

Commissioner Castaneda expressed the need to focus on prevention to keep people healthy.

Action Taken: The Commission unanimously approved the preliminary Budget Principles for FY 1996-97.

6) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

City and County of San Francisco **Department of Public Health**

Sandra R. Hernández, M.D.
Director of Health

January 5, 1996

To: President Arthur Jackson and Members of the Health Commission

From: Sandra R. Hernández, M.D., Director of Public Health

Re: **1996-97 Budget Principles**

The Department is developing principles to guide the preparation of our 1996-97 budget. Many of the principles relate to the Department's strategic planning efforts which are currently underway. Others relate to programmatic areas which we anticipate to be high priorities for our Mayor-elect.

As the Commission is aware, the Department is reorganizing itself into an integrated delivery system that focuses on prevention, primary care, and chronic/long-term care. We are responding to general pressure within the health care field to become more cost competitive. Our goal is to drive our cost per unit of service down such that we are able to perform required services within the reimbursement revenues which are available to us. For example, we will evaluate and where warranted alter the staffing mix at our hospitals and clinics. As part of our strategic planning effort, we will define which health services we will continue to provide directly and which if any we will broker or "buy." Our efforts to re-engineer our structure have and will continue to include consolidation, cost reduction, and productivity enhancements. For example, we will develop productivity standards which will partially determine the allocation of funds among service areas. We will propose contracting out services consistent with Prop J where a cost benefit margin is significant.

As the Commission is also aware, we are facing significant uncertainty with respect to the public financing of health care. We are expecting a net decrease in revenues of approximately $10-40 million in 1995-96 and 1996-97 as a result of the GOP's agenda to balance the Federal deficit by the year 2002. Over the last five years, the Department has, in effect, offset much of its decreasing General Fund support and the increasing cost of living by generating additional revenues. Because we are expecting a net decrease in Federal and State revenues, and because current legislative proposals will cap entitlement programs and seriously restrict eligibility for Federal and State assistance, we are skeptical about our ability to rely on new revenues to close our current and any future budget deficit. We believe new revenues sources will develop, but we cannot identify them at this time.

The Department will attempt to maintain our current scope of services within available resources by providing them in the most cost-efficient manner possible. Our strategic planning will guide our effort to drive our cost per unit of service down. The magnitude of potential revenue shortfalls and significant cost of living increases may not, however,

(415) 554-2600 **101 Grove Street** **San Francisco, CA 94102**

allow us to preserve all services without greater reliance on the City's General Fund. We believe that a policy discussion concerning our need for additional General Fund support may need to occur. This is especially true in the case of prevention services where currently only 1% is spent on primary prevention activities and programs.

There are several programmatic areas which we expect will be high priorities for our new Mayor. These include: substance abuse treatment services; services for the homeless; supportive housing programs; and EMS/911 services. Each of these areas involve services which will require General Fund support.

Substance Abuse: We are expecting massive reductions in Federal Substance Abuse/Mental Health Services (SAMSHA) grants. In order to preserve our current service capacity, approximately $5 million General Fund dollars will likely be required.

Services for the Homeless: The Continuum of Care Task Force has recommended several items for inclusion in the Department's 1996-97 budget. These include (1) creation of a multi-disciplinary service team to work at SFGH and the jails to manage discharges of homeless and at-risk people; (2) creation of 6 non-hospital medical detox beds linked to 40 new short-term residential beds; and (3) provision of diversity training for all City and non-City providers who work with the homeless. Approximately $3.8 million in General Fund dollars would be required to fund these initiatives.

Supportive Housing: The Department is already funding a project sponsored by the Corporation for Supportive Housing. The Continuum of Care plan recommends additional funding of approximately $3 million to provide operating and support services for various HUD capital projects. Supportive Housing is a function which contains both health and social service elements; the funding could flow through either DPH, DSS or both.

EMS/911 Services: A configuration plan for emergency services is in development and will be presented to the Commission in February. The EMSA may require increased funding for quality assurance and community education, both of which should be considered vital components of an optimal EMS Agency. The 911 consolidation project may also require additional operating funds, but not until 1997-98.

The foregoing represents our preliminary work on the priorities for our 1996-1997 budget. We expect to receive formal instructions from Mayor Brown and will forward them to you, along with a plan for action when available.

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Debra A. Barnes
Commissioner

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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
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23/96

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AGENDA

HEALTH COMMISSION MEETING

January 23, 1996
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JANUARY 9, 1996

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Michael D. Shriver)

(3.1) DMS - Monthly update on contract with St. Mary's Hospital and Medical Center (dba McAuley Neuropsychiatric Institute) in the amount of $300,000 to provide adolescent inpatient, partial hospitalization, transitional (outpatient) services, and Medi-Cal funded child, adolescent and adult psychiatric inpatient hospital services for the period of July 1, 1995 through February 29, 1996. (DPH contracted with St. Mary's for services totaling $1,188,917 during FY 1994-95).

(3.2) CHS - AIDS - Retroactive approval of a renewal contract with the National Task Force on AIDS Prevention KOKUA Collaboration, in the amount of $1,135,177 for the provision of Psychosocial and Prevention services, for the period of July 1, 1995 through June 30, 1996. (DPH contracted with National Task Force on AIDS for services totaling $1,940,216 during FY 1994-95).

(3.3) CHS - Perinatal - First modification to the contract with the CAHEED, Inc., in the amount of $62,000 to provide African American pregnant and postpartum women with educational and support services, for the period of January 1, 1996 through June 30, 1996. (DPH contracted with CAHEED, Inc. for services totaling $161,499 during FY 1994-95).

(3.4)CHS - BCCCP - Retroactive modification to the contract with the Northeast Medical Services, in the amount of $40,000 for the provision of breast and cervical cancer screening, diagnostic, and health education services, for the period of October 1, 1994 through September 30, 1995. (DPH contracted with Northeast Medical Services for services totaling $120,000 during FY 1994-95).

(3.5) CHS - BCCCP - Retroactive modification to the contract with U.C. Regents, OB-GYN and Reproductive Medicine - Women's Health Center, SFGH, in the amount of $49,726 for the provision of breast and cervical cancer screening, diagnostic, and health education services, for the period of October 1, 1994 through September 30, 1995. (DPH contracted with UCSF for services totaling $62,332,531 during FY 1994-95).

(3.6) DMS - CSAS - Request to accept and expend an augmentation to the San Francisco Target Cities Project in the amount of $1,262,373 to augment and improve client service resources for the term January 1, 1996 through September 30, 1996.

(3.7) SFGH - Administration - New contract with Results Unlimited, Inc., in the amount of $175,000, to provide customer relations services for the period of February 1, 1996 through June 30, 1996.

(3.8) SFGH - Administration - First modification to the contract with Barnes Clarke, Inc., in the amount of $78,025, to provide marketing services at the SFO Medical Services Clinic for the period of February 1, 1996 through January 31, 1997.

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4) **DIRECTOR'S REPORT**
(Dr. Sandra R. Hernández, Director of Health)

5) **ELECTION OF 1996 PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION**

6) **CONSIDERATION OF A RESOLUTION ESTABLISHING THE CITY AND COUNTY OF SAN FRANCISCO CIVIL SERVICE COMMISSION POLICY ON PROHIBITING VIOLENCE IN THE WORKPLACE AS THE POLICY OF THE HEALTH COMMISSION**

7) **UPDATE ON COMMUNITY NEEDS ASSESSMENT PROCESS (SB 697)**

8) **CONSIDERATION OF A RESOLUTION FOR PROPOSITION J - PRIME VENDOR CONTRACT FOR SUPPLIES WITHIN THE DEPARTMENT OF PUBLIC HEALTH**

9) **MONTHLY UPDATE ON FY 1995-96 DEPARTMENT OF PUBLIC HEALTH BUDGET AND CONSIDERATION OF POLICY OPTIONS TO BALANCE THE FY 1995-96 BUDGET**

10) OTHER BUSINESS/PUBLIC COMMENTS*

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

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Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Debra A. Barnes
Commissioner

Rebecca P. Castaneda, D.D.S.
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Lee Ann Monfredini
Commissioner

Michael D. Shriver
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

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The Health Commission meeting scheduled for Tuesday, January 23, 1996 at 3 :00 p.m., 101 Grove, Room #300, has been cancelled. The Budget Committee meeting scheduled at 2:30 p.m. has been cancelled as well.

New agendas will be sent out to the public with a new date.

Sorry for any inconvenience

101 Grove Street San Francisco, CA 94102

Arthur M. Jackson
President

Edward A. Chow, M.D.
Vice President

Debra A. Barnes
Commissioner

Rebecca P. Castaneda, D.D.S.
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Director of Public Health

Sandy Ouye Mori
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TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

February 6, 1996
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JANUARY 9, 1996

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Michael D. Shriver)

(3.1) CHS-CPHS - Request for approval to accept and expend a new grant in the amount of $180,000 from the California Department of Health Services to plan an automated immunization information system for San Francisco, and install a pilot system in the SFDPH sites which provide childhood immunizations for the terms of January 1, 1996 to June 30, 1997.

(3.2) CHS - AIDS - Retroactive approval of a renewal contract with the National Task Force on AIDS Prevention Kommunities of Kolor United Against AIDS (KOKUA) Collaboration, in the amount of $1,135,177 for the provision of psychosocial and prevention services, for the period of July 1, 1995 through June 30, 1996. (DPH contracted with National Task Force on AIDS for services totaling $1,940,216 during FY 1994-95).

(3.3) CHS - Perinatal - First modification to the contract with the CAHEED, Inc., in the amount of $62,000 to provide African American pregnant and postpartum women with educational and support services, for the period of January 1, 1996 through June 30, 1996. (DPH contracted with CAHEED, Inc. for services totaling $161,499 during FY 1994-95).

(3.4) CHS - BCCCP - Retroactive modification to the contract with the Northeast Medical Services, in the amount of $40,000 for the provision of breast and cervical cancer screening, diagnostic, and health education services, for the period of October 1, 1994 through September 30, 1995. (DPH contracted with Northeast Medical Services for services totaling $120,000 during FY 1994-95).

(3.5) **CHS - BCCCP** - Retroactive modification to the contract with U.C. Regents, OB-GYN and Reproductive Medicine - Women's Health Center, SFGH, in the amount of $49,726 for the provision of breast and cervical cancer screening, diagnostic, and health education services, for the period of October 1, 1994 through September 30, 1995. (DPH contracted with UCSF for services totaling $62,332,531 during FY 1994-95).

(3.6) **DMS - CSAS** - Request to accept and expend an augmentation to the San Francisco Target Cities Project in the amount of $1,262,373 to augment and improve client service resources for the term January 1, 1996 through September 30, 1996.

(3.7) **SFGH - Administration** - New contract with Results Unlimited, Inc., in the amount of $175,000, to provide customer relations services for the period of February 1, 1996 through June 30, 1996.

(3.8) **SFGH - Administration** - First modification to the contract with Barnes Clarke, Inc., in the amount of $78,025, to provide marketing services at the SFO Medical Services Clinic for the period of February 1, 1996 through January 31, 1997.

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(3.10) BCCCP - Retroactive approval of a renewal contract with Northeast Medical Services in the amount of $173,000 to provide breast and cervical cancer screening, diagnostic and health education services from October 1, 1995 through September 30, 1996. (DPH contracted with Northeast Medical Services for services totaling $120,000 during FY 1994-95).

4) **DIRECTOR'S REPORT**
(Dr. Sandra R. Hernández, Director of Health)

5) **ELECTION OF 1996 PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION**

6) **CONSIDERATION OF A RESOLUTION ESTABLISHING THE CITY AND COUNTY OF SAN FRANCISCO CIVIL SERVICE COMMISSION POLICY ON PROHIBITING VIOLENCE IN THE WORKPLACE AS THE POLICY OF THE HEALTH COMMISSION**

7) **CONSIDERATION OF A RESOLUTION FOR A FOOD ESTABLISHMENT ORDINANCE**

8) **CONSIDERATION OF A RESOLUTION FOR PROPOSITION J - PRIME VENDOR CONTRACT FOR SUPPLIES WITHIN THE DEPARTMENT OF PUBLIC HEALTH**

9) **MONTHLY UPDATE ON FY 1995-96 DEPARTMENT OF PUBLIC HEALTH BUDGET AND CONSIDERATION OF POLICY OPTIONS TO BALANCE THE FY 1995-96 BUDGET**

10) **PRESENTATION AND CONSIDERATION OF A PROPOSED FY 1996-97 DEPARTMENT OF PUBLIC HEALTH BUDGET**

- **CONSIDERATION OF A RESOLUTION ESTABLISHING PRODUCTIVITY PRINCIPLES**

11) **OTHER BUSINESS/PUBLIC COMMENTS***

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City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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TEL: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, February 6, 1996
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by Vice President Edward A. Chow, M.D., at 3:10 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner Sharon Gadberry, Ph.D. Commissioner Lee Ann Monfredini Commissioner Michael D. Shriver
Absent:	Commissioner Arthur M. Jackson Commissioner Rebecca P. Castaneda, D.D.S.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JANUARY 9, 1996

Action Taken: The Commission unanimously adopted the minutes of January 9, 1996.

(3.1) CHS-CPHS - Request for approval to accept and expend a new grant in the amount of $180,000 from the California Department of Health Services to plan an automated immunization information system for San Francisco, and install a pilot system in the SFDPH sites which provide childhood immunizations for the terms of January 1, 1996 to June 30, 1997.

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Commissioner Shriver stated how important and vital this collaboration is; however, he requests a progress report come back to the Budget Committee every two months.

Commissioner Monfredini commented that the intent of this request is to be more proactive instead of reactive.

(3.3) CHS - Perinatal - First modification to the contract with the CAHEED, Inc., in the amount of $62,000 to provide African American pregnant and postpartum women with educational and support services, for the period of January 1, 1996 through June 30, 1996. (DPH contracted with CAHEED, Inc. for services totaling $161,499 during FY 1994-95).

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(3.7) SFGH - Administration - New contract with Results Unlimited, Inc., in the amount of $175,000, to provide customer relations services for the period of February 1, 1996 through June 30, 1996.

Commissioner Monfredini expressed concern on the amount of this contract and requested a monthly monitoring report of this contract be presented to the Budget Committee.

Richard Cordova, Executive Administrator of San Francisco General Hospital, will also give progress reports at the Joint Conference Committee at San Francisco General Hospital.

(3.8) SFGH - Administration - First modification to the contract with Barnes Clarke, Inc., in the amount of $78,025, to provide marketing services at the SFO Medical Services Clinic for the period of February 1, 1996 through January 31, 1997.

(3.9) SFGH - Psychiatry - Sole source request and contract modification with RAMS, Inc., in the amount of $492,700, to provide partial hospitalization for chronically mentally ill patients from SFGH's Asian Focus 7C unit for the period of February 1, 1996 through June 30, 1996. (DPH contracted with Richmond Area Multi-Services for services totaling $2,509,984 during FY 1994-95).

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Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee.

Commissioner Chow introduced Deputy City Attorney Jean Fraser, who will alternate with Deputy City Attorney Paula Jesson in working with the Commission and Department.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

MANAGED CARE

Medi-Cal Managed Care

Last month, the Federal Health Care Financing Administration (HCFA) approved the State's waiver application to implement the Two-Plan Medi-Cal Managed Care Program in 12 counties. In approving this waiver, HCFA also approved the capitation rates and rate setting methodology developed by the State. However, the Department remains concerned that the capitation rate does not appropriately reflect federally qualified health center service utilization or cost.

HCFA granted the waiver for a two year period (from January 23, 1996 to January 22, 1998) and conditioned its approval on several factors. Principally, HCFA noted that full implementation of the Two-Plan Model in any county would not commence until HCFA had conducted a county "readiness" review. In addition, the State must:

- Demonstrate that it has sufficient and appropriate staff to implement this project;
- Ensure that county information systems are able to accommodate full operations;
- Develop a medical exemption process that is sensitive to individuals with complex medical conditions (e.g., HIV/AIDS) who are being cared for by providers not participating in the Two-Plan Model;
- Contract with an external quality review organization to conduct annual medical reviews and clinical studies;
- Arrange for an independent evaluation of the waiver with respect to access, quality and cost-effectiveness; and
- Ensure that funding sources under this waiver do not duplicate payments in other existing waivers or the proposed Section 1115 waiver for Los Angeles County.

Update on Blue Cross Mainstream Contract

Blue Cross has solicited Letters of Intent from physician group and hospitals in order to file its Detailed Design Application for the mainstream portion of the State's Two-Plan Model for MediCal. It is anticipated that the Two-Plan Model will be effective about July 1, 1996 in San Francisco County.

The Community Health Network of San Francisco filed Letters of Intent for San Francisco General Hospital Medical Center and the UCSF Clinical Practices Group which includes the Department's Primary Care Network Clinics. The Letter of Intent is conditional on three issues.

- Satisfactory resolution of the FQHC reimbursement issues. The COPC clinics and several of the Campus are FQHC qualified and, by State regulation, are entitled to a cost based reimbursement rather than capitation. Blue Cross has not yet reached agreement with the State on a methodology.

- Acceptance of our ambulatory and outpatient billing methods. SFGH currently bills MediCal for most of the clinics. Blue Cross is working with other counties who have similar issues and has expressed a willingness to accept our present arrangements.

- Agreement on contract language. Legal counsel has reviewed the contract and recommended changes which have been forwarded to Blue Cross for review.

The contract is currently going through the administrative approval process and is scheduled to be presented to the Health Commission at its meeting of February 20, 1996.

STATE/LEGISLATIVE

Indigent Services

Two legislative bills, Assembly Bill 154 (Richter) and Assembly Bill 9 (Goldsmith), propose amending Section 17000 of the Welfare and Institutions Code which currently provides relief and support to indigent persons.

Both bills would make the provision of county relief discretionary and further specify that the level of aid and care that each county provides under its General Assistance Program is solely at the discretion of the Board of Supervisors. In addition, Assembly Bill 9 states that only emergency medical services may be provided to the indigent. Both bills have passed the full Assembly and are in the Senate awaiting hearings.

The Department is concerned that both bills threaten to lower the health status of indigent persons and do not appropriately address the chronic under-funding of state-mandated indigent health and welfare services. In addition to the health consequences, several other counties have expressed concern about the potential migratory effect that passage of either bill may cause. Last week, the County Health Executives Association of California passed a motion in opposition to both bills. Its decision will be forwarded to the California State Association of Counties.

The Health Commission previously adopted a resolution urging the Board of Supervisors to take a position in opposition to Assembly Bill 154. Yesterday, the Board of Supervisors also took a position in opposition to Assembly Bills 154 and 9. The resolution will put the City and County on record as opposing both pieces of legislation.

Medicaid Blue Ribbon Committee

California Senator Henry J. Mello, Chairman of the Senate Subcommittee of Aging, has invited the Department of Public Health to sit on a Blue Ribbon Committee to examine potential changes in the Medicaid Program. The Legislature believes that it is vitally important for California to consider how it might respond to block grants and other program changes within Medicaid. Ms. Melange Matthews, our Senior Legislative Planner working on federal legislative and budget issues, will represent the Department on this Committee.

ADMINISTRATION

Director and Staff to Attend Summit on Family Preservation

On Friday, February 9, I will be attending a Family Preservation/Substance Abuse/Mental Health Summit with Jo Ruffin, Director, Community Mental Health Services; and Larry Meredith, Director, Community Substance Abuse. We will be working with DSS staff to strengthen and further develop coordinated family preservation support services. The summit will also look at increasing resources for substance abuse and mental health services available to at-risk families in San Francisco.

Visiting Delegation from China

During the week of January 15, the Department worked with UCSF to host a Delegation of seven public health officials from China. The delegates met with Fran Taylor, M.D. of Epidemiology; Bob Prentice, Ph.D. of CPHS; Sally Liska, Ph.D., Microbiology Lab; and Gisela Schecter, M.D. of TB Control. They also visited Madeline Ritchie and staff at Health Center #4 in Chinatown. The officials hold positions in China that would be the equivalent of high ranking State and Federal public health officials.

Asbestos Removal

On January 17, an asbestos removal was done on the 2nd floor of 101 Grove. All health and safety procedures were strictly enforced. There were no incidents associated with this work.

Storm Damage Costs

The following is the storm damage costs incurred due to high winds and rain experienced on December 10 - 12, 1995:

• **101 Grove**		$ 7,000
Broken windows	$ 1,400	
Window blinds destroyed	$ 600	
Ventilation systems	$ 2,000	
Roof damage	$ 3,000	
• **SFGH**		$ 39,775
Fallen and removal of hazardous 60 ft. pine	$ 1,750	
Roof retiling	$36,000	
Broken windows	$ 1,625	
375 Gallons of diesel fuel used for generator	$ 400	
• **Laguna Honda Hospital**		$185,259
Revenue loss (Adult Day Health Care closed for one day)	$ 2,500	
Estimated overtime cost	$ 959	
Windows damage	$ 2,000	
Removal of stumps and logs	$ 65,000	
Tree topping and removal of branches	$ 110,000	
Dump fees	$ 1,200	
Chain saw repairs; gas and oil	$ 1,400	
Department Total:		$232,034

SAN FRANCISCO GENERAL HOSPITAL

Clinical Use of 4C

This past week SFGH began moves which will commit over 1800 sq. ft. on Unit 4C to the expansion of all AIDS outpatient programs. 4C is a "closed" Inpatient Nursing Unit which also houses the Infusion and Recovery Center, the Burn Clinic, the Pentamidine Clinic, and various administrative offices. The expanded AIDS outpatient activities will use the Unit cooperatively with these other programs.

MIS Update

Implementation activities are underway for the systems needs to support the Community Health Network of San Francisco. Workgroups of DPH personnel have been formed to ensure that the systems will truly facilitate the integrated delivery of care to our patients.

The specific systems being implemented throughout DPH are: the Enterprise Access Directory (EAD), which will allow us to uniquely identify our patients DPH-wide; the Order Processing System, which will allow us to transmit physician's orders electronically; and the Lifetime Clinical Record (LCR), which will serve as the foundation for an electronic medical record for our patients. Each system has specific timelines and work activities, but in the next few months the following activities will occur at SFGH:

January	Begin workstation installation in clinical areas
February	Finalize systems designs
March	Begin user training (pilot sites)
April	Institute pilot implementation of Order Processing & LCR
May	Complete user training
June	"Live" on EAD, Order Processing and LCR

Other key systems or features were installed at SFGH during the last six months. In July, the long awaited Critical Care replacement system was installed after two years of hard work on the part of the selection and implementation team. In August, E-mail was installed at SFGH. In October, the appointment scheduling system was provided to the Emergency Department, which allows ED personnel to schedule follow-up clinic appointments for their patients on-line.

Laundry Fire

At approximately 11:00 a.m. on Friday, February 2, 1996 a welding spark ignited a flammable source in the laundry. Emergency response by the San Francisco Fire Department, SFGH Plant Services, and the laundry staff went quickly and efficiently. The laundry had to be evacuated all day, resulting in limited laundry service on Friday.

Paramedic Division

Eharhardt Groothoff, EMT-P, has been appointed Acting Chief of the Paramedic Division, effective January 8, 1996. Mr. Groothoff will be replacing Pippa Amick who has been reassigned to work on the 911 Consolidated Dispatch Center Project.

The Paramedic Division leadership staff will be engaging in an internal strategic planning process, beginning in late January, under Mr. Groothoff's direction. The purpose of this process is to identify both leadership development strategies, and to develop an operational action plan for 1996.

Airport Clinic

On July 1, 1995, SFGH took over the management of the existing medical clinic at the international terminal of the San Francisco International Airport (SFIA). The reconstituted clinic, now known as SFO Medical Services, is a unique and multifaceted program between the Airport, UCSF and SFGH. MOUs have been executed between: 1) SFGH and the Airport; 2) SFGH and UCSF; and 3) San Francisco and San Mateo Counties, describing the clinic/911 emergency medical services program. Funds commensurate with the negotiated $3.3 M program budget were work-ordered to SFGH by the Airport at the beginning of this fiscal year.

The program is now nearly fully operational, under the direction of Dr. Eric Weiss, and is providing travel medicine and urgent care, primary care (historically available at the clinic), industrial care to Airport employees and construction workers building the new international terminal, and non-transport, 911 emergency medicine first response (triage) on Airport grounds. Additionally, the Department is at the final stages of negotiating with Human Resources Department to have the clinic designated as the third Worker's Compensation Care site for CCSF employees, under the SFOHS Contract.

Workers' Compensation

The Occupational Health Services Clinic continues its successful operation. As of the end of December 1995 the SFGH Occupational Health Services Clinic had provided 1,602 new patient visits and 3,557 follow-up visits to CCSF employees. Additionally, the clinic generates an average of almost 30 orthopedic referrals per month, the vast majority of which go to physicians at San Francisco General Hospital. The OHS Clinic also generates an average of 60 physical therapy referrals per month. Most referrals require a minimum of three visits. Thus, estimating conservatively, 180 physical therapy visits per month are the result of OHS services. Prior to November 1995, all physical therapy referrals coming from OHS were made to providers other than SFGH. In November 1995, San Francisco General Hospital opened a physical therapy facility directly adjacent to the OHS Clinic which now receives a significant number of referrals. As anticipated in the Occupational Health Services contract, SFGH continues to handle 61% of all workers' compensation visits while the Mount Zion clinic handles the remaining 39%. At the current utilization, the OHS clinic at SFGH will meet or exceed the revenues originally projected. Finally, City departments utilizing the services of OHS report a significant increase in their ability to return injured employees to work at the earliest possible date. The Department of Public Works has reported a 50% decrease in lost work days which their safety manager attributes directly to the Occupational Health Services Clinic at SFGH.

Garage/Parking

The SFGH garage construction is now 82% complete.

Legislation was passed by the Board of Supervisors last week approving the MOU between DPH and the Parking Authority for operation of the SFGH parking system. The bid process for selection of the parking operator was also approved. Garage parking rates was continued to the February 13 Government Efficiency and Labor Committee.

DPH and the City Employee Relations Division (ERD) meet and confer to consider the impact of imposing paid parking throughout the Garage and Campus parking system as planned with City unions representing staff at SFGH. Several Unions, including SEIU took the position that the City should continue free parking for represented employees on the Hospital Campus.

The Board and Parking Commission will soon consider several pieces of legislation related to street changes in the vicinity of SFGH, including consideration of Residential Permit Parking, 2 hour parking zones and permit zones.

DPH estimates that this would require an additional subsidy to the Garage of some $400,000 per year. It would also be controversial within the community surrounding SFGH that is grappling with the imposition of Residential Permit Parking controls and fees. San Francisco has a "transit first" policy, and the tiered rate package passed by both the Health Commission and Parking and Traffic Commission incorporated active support for alternate transit modes such as car-pooling, shuttle to BART, MUNI and SamTrans support.

A "Topping Ceremony" to celebrate the completion of the basic structure of the garage is being planned for late February (tentatively February 24). The celebration will include a block party and is being coordinated by DPW with DPT and DPH. Commissions will be invited once the date is finalized.

CALS Survey

On February 5, we received a letter from JCAHO and CMA indicating that we successfully completed our recent CALS survey and were officially awarded full accreditation, subject to specific deficiencies (Type 1 Recommendations).

We have begun to address and correct all deficiencies stated during our exit conference.

Again, we wish to offer our sincere appreciation and congratulations for all staff who worked so unselfishly to make this accreditation process a success.

Critical Diversion Statistics

January 1 through January 31, 1996, Critical Care Diversion was at 10.8% (81 hours). Emergency Department diversion was 2% (14 hours and 58 minutes).

LAGUNA HONDA HOSPITAL

Water Damage from the January 16 Rainstorm

The Hospital incurred moderate water damage from the January 16 rain and windstorm. A significant amount of water seeped through cracks in the foundation and walls of Clarendon Hall where the Adult Day Health Center is located. Thanks to the quick response of Housekeeping, there was no break in the program operation. Plant Services is planning to pressure-inject an expanding foam material into the cracks to prevent recurrence. If this method fails, we may need to try a more expensive water proofing method.

Roof leaks were also reported in seven other buildings on the Campus, including damage to a mural in the Main Lobby. Repairs in Clarendon Hall must be initiated immediately. The Department of Public Works has estimated roof replacement for the main building and Clarendon Hall at nearly $2 million. The Hospital will request funding for FY 1996-97 from the Capital Improvement Advisory Committee.

Plant Services will coordinate the temporary repairs to the roofs and reconditioning of the art work. Meanwhile, we anticipate having to cope with the continuing deterioration which comes with an aging physical plant.

Combined Charities Campaign

Once again, Laguna Honda Hospital took first place among all city agencies in raising the most money in 1995 Combined Charities Campaign. A total of 587 employees contributed over $36,000 during the 1995 campaign. Laguna Honda has held the distinction of being the leading fund raiser for several years.

COMMUNITY PUBLIC HEALTH SERVICES

SEE Pedestrians Campaign

On January 17, the Department's Pedestrian Safety Task Force, working in conjunction with the Senior Action Network and other City and community agencies, held a press conference to kick off the "SEE Pedestrians" Education Campaign. The event received excellent media coverage, including a front page, full color photo in the *Examiner*. Visuals supporting the campaign are a series of "SEE Pedestrians" billboards located throughout the city and matching bumper stickers, which I have directed all DPH vehicles to display.

BUREAU OF EPIDEMIOLOGY, DISEASE CONTROL AND AIDS

Promising New Drug Combinations for Persons with HIV/AIDS

At the Third Conference on Retroviruses and Opportunistic Infections, which occurred last week, researches presented promising data on new drug combinations for persons with HIV/AIDS. In particular, use of an experimental protease inhibitor, Indinavir, with two antiviral drugs, AZT and 3TC, reduced the level of HIV in the blood to levels that were undetectable. Another experimental protease inhibitor, Ritonavir, when used with AZT and ddC, had a similar effect. While these protease inhibitors are not yet licensed, they are expected to receive rapid FDA approval. In addition, one protease inhibitor, Saquinavir, was approved by the FDA only two months ago and is currently available by prescription.

None of these treatments are felt to be cures. While these combinations reduce viral replication to undetectable levels in the blood, viral replication may continue in the lymph nodes. The long term success of these combinations in preventing viral replication is also unknown. The cost of these combination therapies will likely be about $25,000 a year per patient. Nonetheless, these announcements are a cause for great optimism. It will be up to the Health Department to work to make sure these drugs, when approved, are available to all who would benefit from them.

COMMUNITY SUBSTANCE ABUSE SERVICES

Appointment of Rudy Aguilar

I am pleased to announce the appointment of Rudy Aguilar to the position of Program Analyst - Criminal Justice System (Health Program Coordinator II) for Community Substance Abuse Services. Rudy brings a wealth of substance abuse related experience to this new position. His background in community work, program development and the criminal justice system will help CSAS bring a clearer focus to prevention and treatment for the rising number of clients whose problems get enmeshed with the criminal justice system.

Please join me in welcoming Rudy to this position and the many challenges and opportunities that it holds.

Dual Disorders

In the last few years, more and more dually disordered clients have been presenting at both mental health and substance abuse treatment programs. Traditionally, clients with a dual disorder were uncertain as to where to get treatment, or who would take them. Substance abuse treatment programs did not know how to work with clients with mental health disorders, and mental health treatment programs did not know how to address substance abuse problems.

To respond to the increasing number of dually disordered clients accessing both systems, CSAS and CMHS embarked on a two part training for treatment provider staff and administration. The first part, Dual Diagnosis 101 was recently completed. Part two, Dual Diagnosis 201, will be an all day session on April 26.

In addition, CSAS and CMHS are collaborating on the Second Annual Conference on Dual Disorders to be held March 7 and 8. The conference will feature Dr. Rick Ries from the University of Washington Medical School who will give a presentation on dual disorders and will present his model of care.

On June 14 there will be a follow-up to this conference with a presentation by the Drake Group of New Hampshire.

New Substance Abuse Advisory Group

The newly-established Substance Abuse Epidemiology Advisory Group held its first meeting on January 18, 1996. The mission of the Advisory Group is to characterize the scope of substance abuse, provide a framework for ensuring access for those affected and to shape prevention efforts and develop public policy. Members come from a broad spectrum of affiliations and reflect the interdependence of many disciplines. The next meeting is scheduled for February 22 at CSAS.

BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT

Cellular Antenna

DPH completed its evaluation of the potential health effects from the proposed cellular antenna transmitters to be sited in San Francisco. The staff concluded that these transmitters would not pose a significant health hazard *if* they complied with the American National Standards Institute (ANSI) community exposure standards for radio frequency radiation, and recommended that monitoring be conducted to ensure compliance. DPH will continue to review the scientific literature on this issue. A January 26 letter was sent to the Director of the Planning Department conveying this position.

On January 30, Larry Meredith and his staff met with community members who had previously worked with DPH on this issue. The community members provided their frank comments on our evaluation and made requests for further action by the Department.

Lead Clean-Up Preparation for Lunar New Year

The Childhood Lead Prevention Program, in cooperation with several community-based organizations, will join Asian people in their traditional custom of cleaning up their homes for the Lunar New Year, by making a high efficiency vacuum cleaner available on loan. The special "High Efficiency Particulate Air" (HEPA) filter vacuum picks up and traps lead dust and will be loaned to some families in Chinatown and the Tenderloin from February 5-18.

DPH joins this campaign to promote the use of the HEPA vacuum for cleaning up houses to protect children from lead poisoning and to alert families about the risks involved in removing lead dust from houses. The initial announcement of this opportunity through the Chinese media resulted in over 25 inquiries from interested families. We anticipate continued requests through the Lunar New Year and beyond. David Lo of the Childhood Lead Prevention Program is leading this effort.

CREDENTIALING PHYSICIANS

Monthly Report to Joint Conference Committee
Third Quarter: Academic Year 1994-95

Committee Actions		December 1995	Year-to-Date Total
Appointments	Active	1	73
Month Total = 10	Courtesy	8	201
	Affiliated	1	18
Reappointments Submitted	Active	8	163
Month Total = 18	Courtesy	10	272
	Affiliated	1	61
Reappointments Not Submitted	Active	1	12
Month Total = 7	Courtesy	2	24
	Affiliated	4	8
Change in Privileges		1	17
Change in Staff Status		3	49
Resigned/Separated		27	257

January 1995 to present.

December 1995 statistics are available in the Commission Office.

Commissioner Chow requested that an MIS presentation be calendared for a future Commission meeting.

Commissioner Michael Shriver announced that due to his new position in Washington, D.C. with the National Association of People with AIDS, he has regretfully submitted to the Mayor his letter of resignation, effective February 15, 1996.

Each of the Commissioners and Dr. Hernández thanked Commissioner Shriver for his fine work as a Commissioner.

Commissioner Chow stated that at a future meeting the Commission make special presentations to Commissioners Jackson, Castaneda and Shriver. The terms for Commissioners Jackson and Castaneda expired on January 15, 1996.

5) ELECTION OF 1996 PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION

Commissioner Shriver nominated Commissioner Chow for the office of President, seconded by Commissioner Monfredini.

Action Taken: The Commission unanimously approved Commissioner Chow as the 1996 President of the Health Commission.

Commissioner Chow thanked his colleagues for their support and also acknowledged Mayor Brown's support for Dr. Chow's presidency. President Chow looks forward to working with the Mayor, Dr. Hernández, and her Executive Staff.

Commissioner Monfredini recommended that the Commission postpone its election of the Vice President till after the Mayor made the three appointments to the Commission.

Action Taken: The Commission unanimously voted to suspend its Rules of Order regarding the election of the Vice President of the Commission.

Action Taken: The Commission unanimously voted to postpone the election of the Vice President to February 20, 1996.

6) CONSIDERATION OF A RESOLUTION ESTABLISHING THE CITY AND COUNTY OF SAN FRANCISCO CIVIL SERVICE COMMISSION POLICY ON PROHIBITING VIOLENCE IN THE WORKPLACE AS THE POLICY OF THE HEALTH COMMISSION

Action Taken: The Commission unanimously adopted Resolution #1-96, "Establishing the City and County of San Francisco Civil Service Commission Policy on Prohibiting Violence in the Workplace as the Policy of the Health Commission", (See Attachment A).

7) CONSIDERATION OF A RESOLUTION FOR A FOOD ESTABLISHMENT ORDINANCE

Action Taken: The Commission unanimously adopted Resolution #2-96, "Supporting Legislation to Amend California State Health and Safety Code Section 27360 Regarding Sidewalk Food Display Counters", (see Attachment B).

8) CONSIDERATION OF A RESOLUTION FOR PROPOSITION J - PRIME VENDOR CONTRACT FOR SUPPLIES WITHIN THE DEPARTMENT OF PUBLIC HEALTH

Richard Cordova, Executive Administrator of San Francisco General Hospital, reported the following:

The Department of Public Health has worked with both the Human Rights Commission and Central Purchasing Department to develop this contract. Purchasing directed that the Prime Vendor Distribution Program proceed in two phases:

The first phase was the pre-qualification phase. During this phase we evaluated such factors as: 1) the vendor's ability to meet the Human Rights Commission requirements; 2) the vendor's ability to meet our service level requirements; and, 3) the vendor's ability to meet out software interface requirements. At the end of the pre-qualification phase the responding vendors were deemed to either be qualified or not-qualified. This phase yielded four qualified vendors, these four were requested to then competitively bid.

The second phase, or the competitive bid, would then yield the lowest competitive qualified bid. Purchasing wanted the final award based solely on price because the major costs were for goods. This lowest competitive qualified bidder was Baxter ValueLink.

This Prime Vendor Distribution Program will:

1. Decrease the supply and associated costs.
2. Increase the participation of certified MBE/WBE's.
3. Reduce space requirements for inventory.
4. Realize a one-time savings of approximately $1.3 million.
5. Increase the availability of medical surgical supplies.

The Prime Vendor Distribution Program was considered by the Commission and the Board of Supervisors during the 1995-96 budget process. Both, the $1.3 million dollars for the inventory buy-back from the Prime Vendor and the labor cost reductions, are part of our approved FY 1995-96 budget. The Department's plan was to implement the Prime Vendor Distribution Program in a series of two phases; the initial phase, commonly referred to as Dock-to-Dock, was scheduled to begin in early FY 1995-96. The Department was then to implement the second phase, commonly known as Dock-to-Point of Use, in FY 1996-97. Since these plans were delayed by the development of this RFP, the Department will implement the first phase of the project prior to the close of FY 1995-96,. and the second phase will be implemented in the first quarter of FY 1996-97.

Since this contract involves the potential loss of departmental Civil Service positions, the Department has forwarded our analysis to the Controller's Office for certification. The Controller has been very supportive of the Prime Vendor program and has assisted the Department in the development of portions of the bid. The Department has stayed in close contact with the Controller throughout the process. Therefore, we anticipate the Controller's Office to certify the savings this contract provides within a matter of weeks. We will then submit the resolution to the Board of Supervisors for approval of this contract. Due to the delays in the development of the RFP specifications, we are requesting your approval of the resolution contingent on the Controller's Office Certification, so that the contract can begin as soon as possible:

Public Speakers: Each speaker opposed the Prime Vendor contract.

Dale Butler, SEIU Joint Council
Brett Nair, Local 250
Howard Wallace, Local 250
Inez Banks, Local 250
Teresita Gatan, Local 250
Gladys Hernández, Local 250
Michael Lyons, Local 250

Action Taken: The Commission unanimously adopted Resolution #3-96, "Approving the Prime Vendor Distribution Program Contract for the Department of Public Health", (see Attachment C).

9) MONTHLY UPDATE ON FY 1995-96 DEPARTMENT OF PUBLIC HEALTH BUDGET AND CONSIDERATION OF POLICY OPTIONS TO BALANCE THE FY 1995-96 BUDGET

Monique Zmuda, Chief Finance Officer of the Department, provided an update on the current fisal year's deficit and the plan to address this deficit. (Attachment D).

After the third quarter of this current fiscal year, Ms. Zmuda will provide the Commission with another update on the Department's progress in balancing the current budget.

10) PRESENTATION AND CONSIDERATION OF A PROPOSED FY 1996-97 DEPARTMENT OF PUBLIC HEALTH BUDGET

- **CONSIDERATION OF A RESOLUTION ESTABLISHING PRODUCTIVITY PRINCIPLES**

Monique Zmuda, Chief Finance Officer of DPH, presented the proposed FY 1996-97 budget according to an integrated continuum of health care model. The complete report is available at the Commission Office for public viewing. The report includes the Mayor's budget instructions, the status quo budget assumptions, revenue projections, policy issues and new programs. Also included are summaries of the revenue and expenditure budgets for each Division. The expenditure sections include detail on technical adjustments, mandated increases, new programs, and proposed reductions.

Ms. Zmuda reported that the Department's proposed budget for FY 1996-97, including recurring grants, is estimated at $749 million. This amount represents an increase of $14 million, or 1.9% from the existing budget of $735 million. Of this amount, $620 million is estimated from third party revenues, including State and Federal allocations and reimbursements, grants, patient payments, and other miscellaneous revenues. In addition, the Department requests $129 million in General Funds from the City and County. The City and County General Fund for FY 1996-97 represents 17% of the total revenue sources in our proposed budget.

A significant portion of the Department's expenditures are required for the provision of services to the indigent. We estimate that 45.5% of our clients are unsponsored and/or indigent. They are not eligible for Medi-Cal or other government programs and are unable to pay for the medical treatment we provide. The City's General Fund contributions, Federal Disproportionate Share Program, and State Realignment Funds are provided to the Department to support the cost of care for unsponsored clients. In FY 1995-96, these sources only represent 37% of our total budget, even though unsponsored and indigent clients represent 45% of the total individuals served.

Public Speakers: Each speaker opposed staff reductions at LHH.

Josie Mooney, SEIU Local 790
Nellene Urry, LHH Nursing Department
Charles Levinson, LHH resident
Michael McLaughlin, Teamsters Local 856
Ruth Ryan, LHH
Bea Gunn, R.N., LHH
Charlene Wiggins, R.N., LHH

Sophie Mace, R.N., LHH
Christine Winkler, R.N., LHH
Susan Spencer, R.N., LHH
Paul Favor, R.N., LHH
Ed Williams
Dennis Andreatta, R.N., LHH
Wilma Vinluan, LHH
Jesse Freeman, LHH, Local 250
Ann Dukes, R.N., LHH
Lillian Hamilton, LHH
Dr. John Ulrich, Jr., LHH Medical Staff

Dr. Hernández stated that in order for the Department to survive in a managed care environment, status quo is not acceptable in the new health care arena. The Department has to meet the health needs of the community by maintaining its scope of services and incorporating a skill mix, yet maintaining quality of care. She pointed out that change does not mean less quality; and she is making a commitment to continuously monitor quality of care.

Action Taken: The Commission unanimously approved the proposed FY 1996-97 Department of Public Health budget and directed staff to move it forward to the Mayor's Office.

Action Taken: The Commission unanimously adopted Resolution #4-96, "Endorsing the Efforts of the Department of Public Health to Incorporate Productivity Standards Into Budget and Planning Decisions", (see Attachment E).

Dr. Hernández introduced two other resolutions, which will be calendared for the next Commission meeting. The two resolutions are entitled:

1. "Supporting the Department of Public Health's Request to Increase Funding for Select Core Public Health Functions for FY 1996-97", and

2. "Supporting Restructuring Proposals Within the Department of Public Health's Proposed FY 1996-97 Budget and Applying Savings Accrued From Restructuring to Fund Other High Priority Needs".

11) OTHER BUSINESS/PUBLIC COMMENTS

Public Speaker: Alex Cortez, LHH Institutional Police

The meeting was adjourned at 7:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (5)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 1-96

ESTABLISHING THE CITY AND COUNTY OF SAN FRANCISCO CIVIL SERVICE COMMISSION POLICY ON PROHIBITING VIOLENCE IN THE WORKPLACE AS THE POLICY OF THE HEALTH COMMISSION

WHEREAS, the Civil Service Commission at its meeting of April 3, 1995 adopted the Policy on Prohibiting Violence in the Workplace; and,

WHEREAS, the Civil Service Commission has requested that this policy be adopted by City Boards and Commissions for the Departments they oversee; and,

WHEREAS, the Health Commission supports the Civil Service Commission in the development of a workplace violence prevention plan; now, therefore, be it

RESOLVED, that the Health Commission establishes as its policy and the policy of the Department of Public Health, the City and County of San Francisco Civil Service Commission Policy on Prohibiting Violence in the Workplace; and, be it

FURTHER RESOLVED, that the Health Commission directs the Director of Health to post on bulletin boards and otherwise widely circulate this policy so that it is brought to the attention of all Public Health employees, supervisors and managerial staff.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 6, 1996.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 2-96

SUPPORTING LEGISLATION TO AMEND CALIFORNIA STATE HEALTH AND SAFETY CODE SECTION 27360 REGARDING SIDEWALK FOOD DISPLAY COUNTERS

WHEREAS, current State Department of Health and Safety Code Section 27360 restricts the sale of potentially non-hazardous prepackaged food at sidewalk display counters adjacent to retail food markets; and,

WHEREAS, small business owners in San Francisco neighborhoods have traditionally provided produce on sidewalk display counters adjacent to their retail markets; and,

WHEREAS, the outdoor display of prepackaged non-hazardous food does not present a hazard to public health, or pose a public nuisance when retail markets conform to local, State and Federal laws and regulations; and,

WHEREAS, the San Francisco Health Commission supports the efforts of small businesses to preserve this traditional and culturally accessible marketing for the diverse population of San Francisco; and,

WHEREAS, the Director of Health will disallow outside food displays that do not conform to said regulation concerning sanitation and safety; now, therefore, be it

RESOLVED, that the San Francisco Health Commission urges the Mayor and the Board of Supervisors to support State legislation to amend State Department Health and Safety Code Section 27360 to allow the sale of non-hazardous prepackaged food at sidewalk display counters adjacent to retail food markets.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 6, 1996.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment B
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 3-96

APPROVING THE PRIME VENDOR DISTRIBUTION PROGRAM CONTRACT FOR THE DEPARTMENT OF PUBLIC HEALTH

WHEREAS, the electorate of the City and County of San Francisco passed Proposition J in November 1976, adding Section 8.300-1 to the Charter allowing City Departments to contract with private companies for specific services which can be practically performed for a lower cost than similar work by City and County employees; and,

WHEREAS, the Purchaser's Office and Department of Public Health have sought and received various formal bids from private contractors and wish to contract for procurement and distribution of supplies; and,

WHEREAS, the Department of Public Health has requested that the Controller's Office certify that said services can be performed at a lower cost to the City and County by private contractors than by employees of the City and County; and,

WHEREAS, contingent upon the Controller's certification that said services can be performed at a lower cost to the City and County by private contractors than by employees of the City and County; now, therefore, be it

RESOLVED, that the San Francisco Health Commission approves the Prime Vendor Distribution Program Contract for the Department of Public Health and recommends approval of the contract to the Mayor and the Board of Supervisors.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 6, 1996.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment C
Page 1 of 1

City and County of San Francisco
Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Memo To: Honorable Health Commission

From: Sandra R. Hernández, M.D. /SRH
Director of Health

Re: DPH 1995-96 Five Month Revenue and Expenditure Report

Date: February 1, 1996

Pursuant to the Health Commission's request at the December 19 meeting, the Department is providing the Commission with an update of the current year's deficit, and the plan to address the shortfall. This report summarizes revenues and expenditures for the Department for the first five months of fiscal year 1995-96. The report also includes projected financial performance through year-end.

Current Projections

Based on five months of actual performance, the Department anticipates a $14.1 million deficit in its annual budget. Revenues are projected to be $16.8 million below budget by the end of the year. The Department estimates that it is underspending its expenditure budget by a projected $2.7 million.

Our current projections show an overall improvement when compared to those we reported to you in December. According to our most current information, we expect improvements in the overspending at San Francisco General Hospital, but this is offset by a larger deficit in Community Health Services. Mental Health revenue deficits have increased by $500,000 from the prior reporting period. The over-all revenue projections for Laguna Honda have remain mostly unchanged, and the expenditure projections indicate a smaller deficit.

In December, San Francisco General reported a year-end deficit of $2.7 million. Based on the latest payroll information and re-estimates of facilities maintenance needs, the Hospital now anticipates a year-end deficit of $1.3 million.

Community Health Services projected a deficit of $816,000 in December. CHS now anticipates a year-end deficit of over $1.9 million. A significant portion ($1.86 million) of the revenue shortfall results from lower than expected Federally Qualified Health Center Medi-Cal revenues. The reported shortfall has occurred for two reasons: (1) the FQHC rate that we are using to accrue revenues has been lowered in response to cost report audits currently underway; and (2) eligible patient visits are slightly below budget expectations.

The State Department of Health Services is currently auditing our FQHC claims for fiscal year 1994-95, which will then be applied retroactively and prospectively. The audit involves examining the cost reports we submitted for compliance with program rules. We believe the State is aggressively seeking to reduce its financial obligations under the FQHC program. We have serious concern that the payment rate established by the State as a result of this audit will be lower than was budgeted and will result in an FQHC revenue shortfall. The Department is working diligently to protect our revenues under this program, in collaboration with Deloitte and Touche and the City Attorney's Office.

In Mental Health, we now project a division-wide deficit. Specifically, we project an additional deficit in MediCal revenues based on reduced claims for the MediCal Administrative Activities (MAA) Program.

Unbudgeted Available Revenue

As we reported in December, a significant portion of our $14.1 million deficit can be offset by unbudgeted revenue gains in mental health realignment, disproportionate share and SLIAG funding. These revenues total approximately $8.2 million. In addition, we now expect approximately $4 million in growth in health and mental health realignment funds from the State, and approximately $1 million in additional revenues at SFGH for the MediCal Targeted Case Management Program.

In December, the Health Commission approved a resolution urging the Mayor and the Board to allow the Department of Health to apply any new or one time revenues to Department needs and priorities. This resolution was unanimously approved by the Board of Supervisors. I have attached a copy of the resolution for your information. Consistent with the direction you gave us in December, we will request that the Mayor's Office appropriate all of these revenues to the Department to help offset our projected deficit. We expect to submit a supplemental appropriation request to you and the Mayor's Office at our next Commission meeting.

Assuming all of the unbudgeted revenues are allocated to DPH, the Department-wide projected deficit would be reduced to $.9 million. The following chart details the components of the projected deficit:

Components	(Deficit)/Surplus
Divisional Revenue/Expenditure Position	
Community Health Services	($1,983,014)
Div. of Mental Health, Substance Abuse & Forensics	$(476,542)
Laguna Honda Hospital	($10,323,187)
San Francisco General Hospital	($1,321,342)
Subtotal	($14,104,085)
Unbudgeted Available Revenue	
AB320 -- Mental Health Realignment (net)	$5,074,000
State Legalization Impact Assistance Grant (SLIAG)	$1,800,000
SB 487 -- Disproportionate Share Interest	$1,326,920
Health and Mental Health Realignment Growth	$4,000,000
SFGH TCM Medi-Cal	$1,000,000
Subtotal	$13,200,920
Total Department-wide Deficit	$924,165

Proposals to Reduce the Deficit

It is important to note that nearly one-third of these new revenues ($4.8 million) are one time allocations, and will not be available to the Department in FY1996-97. As such, it is imperative the Department develop an expenditure plan to reduce the deficit next year. In December we outlined several options for addressing the Department's deficit for next year's budget. These include general guidelines for making productivity gains in the areas of (1) Long Term Care; (2) Acute Care; and (3) Primary Care. Our strategy reflects our need to examine our integrated delivery system to ensure that it appropriately meets the health care needs of the populations we serve within a cost competitive environment.

Long Term Care

Laguna Honda Hospital has critically reviewed its clinical and administrative staffing needs. In line with Departmental efforts to improve productivity and cost efficiency, the Hospital will propose to reconfigure its ward staffing model to begin to approach industry standards and to bring its costs closer in line with reimbursement rates. These reconfigurations, which will result in a reduction of staff, will not impact bed capacity.

In order to reduce the deficit in the current year, Laguna Honda has imposed a hiring freeze, and has begun revising its business office procedures to increase collections of its account receivables.

Acute Care

The Department's 1995-96 budget already reflects a significant reduction in acute care spending in response to improved productivity. The budget requires San Francisco General Hospital to reduce acute care expenditures by $10 million this fiscal year by lowering its per unit cost of services and downsizing to meet patient volume. Given the current census and expenditures made in preparation for the JCAHO survey, the hospital may fall short of this expenditure target by up to $1.3 million. The Hospital has identified additional cost reduction opportunities related to its "managed change" process that it will implement in 1996-97. These reductions will result from reconfiguring the model of care in its acute care wards and will not result in service reductions.

Primary Care

Department managers and clinicians have been analyzing areas in which productivity in the delivery of primary care services can be improved. Community Public Health Services and San Francisco General Hospital will be proposing to adopt productivity and staffing standards within our primary care clinics. These changes are being examined now for implementation effective July 1, 1996, and are included for the Commission's consideration with the 1996-97 budget submission.

Summary

Assuming that the Department can access all of the unbudgeted revenues it is seeking and assuming that the Department's current rate of expenditure is reduced, we should be able to balance the current year budget without requesting additional General Fund dollars from the City. Our ability to balance this year's budget assumes that other revenue and expenditure projections are accurate. By the third quarter report (due to the Commission in early May) we expect to have pending audit issues resolved and will be able to make more definitive revenue projections for the current year and next year.

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 4-96

RESOLUTION ENDORSING THE EFFORTS OF THE DEPARTMENT OF PUBLIC HEALTH TO INCORPORATE PRODUCTIVITY STANDARDS INTO BUDGET AND PLANNING DECISIONS

WHEREAS, the Department of Public Health, mandated by statute to be the provider of last resort, has historically served uninsured people and people with public insurance who have no access to private providers; and,

WHEREAS, the Department of Public Health has sustained that role financially through a combination of local General Fund, revenues and grant support; and,

WHEREAS, health care reforms, including those adopted by public insurance programs that account for a significant portion of the Department of Public Health's revenues, have increasingly relied on managed care as a way to finance and provide health care services; and,

WHEREAS, managed care requires that the Department of Public Health, which previously served most of its patient population through its role as provider of last resort, now compete for both publicly insured patients and revenues with private sector providers; and,

WHEREAS, the fiscal pressures on the Department of Public Health are based not only in the amount of funding available from various levels of government but also on cost competition with private providers; and,

WHEREAS, the Department of Public Health has undertaken an analysis of its costs of providing health care services across a broad spectrum of its delivery system; and,

WHEREAS, the Department of Public Health has recently developed standards for provider productivity and support staff ratios for primary care; now, therefore be it

RESOLVED, that the Health Commission does hereby endorse the Department of Public Health's efforts to incorporate productivity standards into budget and planning decisions in order to be more cost competitive in an era of managed care; and, be it

FURTHER RESOLVED, that the Health Commission specifically encourages the Department of Public Health to adopt standards for productivity and staffing ratios in primary care as part of its fiscal year 1996-97 budget.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 6, 1996.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment E
Page 1 of 1

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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City and County of San Francisco

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AGENDA

HEALTH COMMISSION MEETING

February 20, 1996
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF FEBRUARY 6, 1996

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(3.1) DMS - Monthly update on contract with St. Mary's Hospital and Medical Center (dba McAuley Neuropsychiatric Institute) in the amount of $300,000 to provide adolescent inpatient, partial hospitalization, transitional (outpatient) services, and Medi-Cal funded child, adolescent and adult psychiatric inpatient hospital services for the period of July 1 , 1995 through June 30, 1996. (DPH contracted with St. Mary's for services totaling $1,188,917 during FY 1994-95).

(3.2) Consideration of supplemental appropriation of $13.2 million of unbudgeted available revenues to be allocated towards balancing the FY 1995-96 Department of Public Health budget.

(3.3) DMS-CMHS - Multiyear contract renewal with Alameda County Health Care Services Agency in the amount of $336,995 to provide Neuro-Behavioral care through the Regional Organic Brain Syndrome (OBS) Program for the period July 1, 1995 through June 30, 1999. (DPH contracted with Alameda County Health Care Services Agency for services totaling $314,813 during FY 94-95).

(3.4) DMS-CMHS - New contract with First Hospital of Vallejo for A) Medi-Cal funded child and adolescent psychiatric inpatient hospital services for the period January 1, 1995 through June 30, 1996 and B) Uninsured child and adolescent psychiatric inpatient hospital services in the amount of $10,000 for the period of July 1, 1995 through June 30, 1996. (DPH contracted with First Hospital of Vallejo for services totaling $10,000 during FY 1994-95).

(3.5) DMS-CMHS - New contract with Ross Hospital for Medi-Cal funded acute psychiatric inpatient hospital services for the period July 1, 1995 through June 30, 1996. (DPH contracted with Ross Hospital for services totaling $20,000 during FY 1994-95).

(3.6) DMS-CMHS - Renewal contract with East Bay Hospital for Medi-Cal funded acute psychiatric inpatient hospital services for the period July 1, 1995 through June 30, 1996.

4) **DIRECTOR'S REPORT** (Dr. Sandra R. Hernández, Director of Health)

5) **ELECTION OF THE 1996 VICE PRESIDENT OF THE HEALTH COMMISSION**

6) **CONSIDERATION OF A RESOLUTION SUPPORTING THE DEPARTMENT OF PUBLIC HEALTH'S REQUEST TO INCREASE FUNDING FOR SELECT CORE PUBLIC HEALTH FUNCTIONS FOR FY 1996-97**

7) **CONSIDERATION OF A RESOLUTION SUPPORTING RESTRUCTURING PROPOSALS WITHIN THE DEPARTMENT OF PUBLIC HEALTH'S PROPOSED FY 1996-97 BUDGET, AND APPLYING SAVINGS ACCRUED FROM RESTRUCTURING TO FUND OTHER HIGH PRIORITY NEEDS**

8) **CONSIDERATION OF A RESOLUTION FOR RENAMING THE COMMUNITY PRIMARY CARE CLINICS**

9) **PRESENTATION AND CONSIDERATION OF THE EMERGENCY MEDICAL SERVICES CONFIGURATION**

10) **OTHER BUSINESS/PUBLIC COMMENTS***

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

L. LaMont Terry, D.M.D.
Commissioner

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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20/96

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, February 20, 1996
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:05 p.m.

Present:
Commissioner Debra A. Barnes
Commissioner Edward A. Chow, M.D.
Commissioner Sharon Gadberry, Ph.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Lee Ann Monfredini
Commissioner L. LaMont Terry, D.M.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JANUARY 9, 1996

Action Taken: The Commission unanimously adopted the minutes of February 6, 1996.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) DMS - Monthly update on contract with St. Mary's Hospital and Medical Center (dba McAuley Neuropsychiatric Institute) in the amount of $300,000 to provide adolescent inpatient, partial hospitalization, transitional (outpatient) services, and Medi-Cal funded child, adolescent and adult psychiatric inpatient hospital services for the period of July 1 , 1995 through June 30, 1996. (DPH contracted with St. Mary's for services totaling $1,188,917 during FY 1994-95).

Bill McConnell provided an update on each area of improvement needed.

Commissioner Monfredini requested the continuation of a monthly update on this contract.

(3.2) Consideration of supplemental appropriation of $13.2 million of unbudgeted available revenues to be allocated towards balancing the FY 1995-96 Department of Public Health budget.

Commissioner Monfredini complimented the Department for its plan to balance the FY 1995-96 deficit.

(3.3) DMS-CMHS - Multiyear contract renewal with Alameda County Health Care Services Agency in the amount of $336,995 to provide Neuro-Behavioral care through the Regional Organic Brain Syndrome (OBS) Program for the period July 1, 1995 through June 30, 1999. (DPH contracted with Alameda County Health Care Services Agency for services totaling $314,813 during FY 94-95).

(3.4) DMS-CMHS - New contract with First Hospital of Vallejo for A) Medi-Cal funded child and adolescent psychiatric inpatient hospital services for the period January 1, 1995 through June 30, 1996; and B) Uninsured child and adolescent psychiatric inpatient hospital services in the amount of $10,000 for the period of July 1, 1995 through June 30, 1996. (DPH contracted with First Hospital of Vallejo for services totaling $10,000 during FY 1994-95).

(3.5) DMS-CMHS - New contract with Ross Hospital for Medi-Cal funded acute psychiatric inpatient hospital services for the period July 1, 1995 through June 30, 1996. (DPH contracted with Ross Hospital for services totaling $20,000 during FY 1994-95).

(3.6) DMS-CMHS - Renewal contract with East Bay Hospital for Medi-Cal funded acute psychiatric inpatient hospital services for the period July 1, 1995 through June 30, 1996.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

COMMISSION

Appointments

On behalf of the Department, I would like to extend a warm welcome and our congratulations to Dr. LaMont Terry and Roma Guy on their appointments today to the Health Commission. It is an exciting time to be working in the field of health care, as we face the changes that lay ahead. We look forward to a long and productive working relationship with both new Commissioners.

Good-bye

The Department extends a special thank-you to our three retiring Commissioners, Arthur Jackson, Dr. Rebecca Castaneda and Michael Shriver. Their hard work and dedication helped lead the Department through many challenging times. At a future Commission meeting, we will make a formal presentation of our gratitude.

MANAGED CARE

Legislative Update

As stated in my last Director's Report, the Board of Supervisors passed a resolution earlier this month in opposition to Assembly Bills 9 and 154. As you may recall, both pieces of legislation propose to eliminate the State mandate to provide health care to the indigent population, referred to as Health and .e) o

Safety Code Section 17,000. AB 9 further restricts any County's ability to provide health care to the indigent except in the case of an "**acute life threatening or limb threatening condition**."

This campaign for "Mandate Relief" would severely jeopardize our realignment revenues and would prevent us from delivering timely preventive, primary care and early interventive health services to residents of San Francisco. Ultimately the legislation would require the County to operate contrary to prevention focused managed care.

On February 7, 1996 the Legislative Committee for the County Health Executives Association of California (CHEAC) recommended a formal position of opposition on both AB 9 and AB 154. The Governing Board of the California Mental Health Directors Association (CMHDA) and the California Welfare Directors Association (CWDA) have also joined together in recommending a position of opposition to this legislation. The County Supervisor's Association of California (CSAC) has taken a neutral position on both bills. The legislation has moved out of the Assembly and will next be heard in the Senate Health Committee. I will continue to keep you informed on the status of these bills.

FEDERAL MEDICAID REFORM

National Governor's Association

Earlier this month, the National Governor's Association (NGA) endorsed, with bipartisan support, a Medicaid reform proposal. The proposal is still conceptual in nature and many specific details need to be resolved. Overall, the proposal stresses the need to contain expenditure growth and provide state flexibility in administrating Medicaid programs. The proposal does not appear to fully recognize the unique role of safety net providers. Key highlights of the NGA Medicaid proposal are detailed below:

- Eligibility: The NGA proposal does not continue Medicaid as a federal entitlement for all persons currently eligible for this program. The proposal redefines certain populations who will have guaranteed coverage.

- Benefits: Provides a listing of guaranteed benefits, but states would have complete flexibility in defining the amount, duration and scope of services.

- Service Delivery: States must be able to use all available health care delivery systems for beneficiaries without federal permission.

- Provider Standards and Reimbursement: This provision would give states complete authority to establish all health plan and provider reimbursement rates without federal government interference. The provision also calls for the repeal of the Boren Amendment and a phase-out of federally qualified health centers and rural health clinics over a two-year period. States would also be allowed to set their own health plan and provider qualification standards under this proposal.

- Nursing Home Reforms: The NGA proposal would require states to abide by the OBRA 1987 nursing home standards.

- Plan Administration: This provision calls for significantly limiting the oversight powers of the Health Care Financing Administration and the Secretary of Health and Human Services.

- Financing: States would receive a maximum allocation based on four factors: base allocation, growth, special grants (i.e., for undocumented and Indian Health Services) and an "insurance umbrella" (i.e., ensures States have access to additional funds due to unanticipated consequences). The NGA proposal does not provide specific information on the methodology to be used to determine the State allocations.

- Matching Percentage: This provision would limit a State's matching contribution to a maximum of 40%.

- Disproportionate Share Hospital (DSH) Program: NGA proposal includes current DSH spending in the base allocation and requires that funding be spent on health care to low-income persons. However, it repeals requirements that funds be paid to hospitals that serve a disproportionate number of low-income patients.

COMMUNITY PUBLIC HEALTH SERVICES

Health Services for Youth at YGC

An article in the Sunday section of the February 11 Chronicle recounted the tragic story of a Central American youth who committed suicide at a group home. Although the Department had no formal relationship to either the group home or the youth at the time of his death, the article did refer to an incident that occurred while the youth was detained at Juvenile Hall. I want to take this opportunity to clarify the Department's role, as referenced in the article, and briefly describe the more general circumstances under which we provide health services to youth in detention.

A 17 year old youth, who had been abandoned in his native Guatemala at the age of 8, made his way north, eventually arriving in San Francisco in June 1994. He was arrested in November 1994 for selling marijuana (less than an ounce) to an undercover police officer and was placed in Juvenile Hall. Apparently despondent after learning that he was not going to be released until after the weekend, he committed an undetermined act, which he himself described differently on two separate occasions, that resulted in spots of blood on his clothing. He was placed on a 5-minute watch through the night, and in the morning (Saturday) a psychiatric technician from our staff assessed him and spent six hours with him, counseling him and ultimately calming him down with an agreement that she would personally make sure that a probation officer would see him first thing on the following Monday to complete arrangements for his release -- a commitment she was able to make after conferring with Juvenile Hall staff. The clinical judgment at the time was that the youth, who had no record of a psychiatric history and no diagnosed underlying mental disorder, might have made a suicidal gesture in an attempt to gain release from custody but was not at risk of an imminent suicide attempt that would warrant a 5150 (involuntary psychiatric detention). The 5-minute watch through the night and the extended counseling with the youth the next morning appeared to have been an appropriate response that resolved the immediate crisis.

Subsequent to this episode, I reviewed the documents and discussed the case with staff involved and concluded that Department staff acted appropriately and in some instances, such as the psychiatric technician, with great diligence and dedication.

The youth was, in fact, released from Juvenile Hall to a group home, where approximately a year later, and, according to the newspaper article, after having run away on several occasions, he hanged himself in the closet of his room. Department staff was very distressed to read of his suicide, particularly because we were familiar with the circumstances that surrounded his stay at Juvenile Hall. I was also troubled by the article's reference to a "... bitter exercise in bureaucratic finger pointing" and the contention of the Chief Probation Officer that the Department of Public Health was ultimately responsible for the youth's mental health. While our respective departments might have different roles, they are within the same overall mission, which includes ensuring the health and well-being of youth while they are in custody. That should always be our focus and, when problems arise, that should be the spirit within which we attempt to resolve them.

As the Commission will hear in a forthcoming presentation, the troubles experienced by many of today's youth, including risk for serious health problems, are substantial. When an adolescent gets caught up in the juvenile justice system, it is evidence that those troubles have reached a crisis stage. We too often have only limited opportunities and resources to intervene in a way that helps youth get through that crisis. For example, the Department of Public Health's Special Programs for Youth (SPY) offers medical, mental health, social work and health education services to youth at Juvenile Hall. We provide medical clinics five days a week, nursing coverage seven days a week- 24 hours a day, and mental health services during the day and evening. However, since youth typically stay at Juvenile Hall anywhere from days to months, our ability to provide health services on a continuing basis varies. At a minimum, we provide medical and psychiatric evaluations and, when possible, on-going care and health education services that emphasize prevention. When youth are released from custody, our ability to maintain continuity is extremely limited.

If there is a lesson to be learned from the tragic case of the youth who committed suicide at the group home, it is the importance of the Department of Public Health, the Juvenile Probation Department and the juvenile courts working closely together to ensure that appropriate accommodations for any medical or psychiatric problems experienced by youth are incorporated into plans for their release. Toward that end, I have directed Thabiti Mtambuzi, Director of SPY, to include in the latest draft of the MOU between the Department of Public Health and the Juvenile Probation Department provisions that would define the conditions under which the Department of Public Health would be brought in as consultants in the discharge planning for youth who have identified medical or psychiatric problems. I have every reason to believe that the language will be favorably received by our colleagues in the Juvenile Probation Department. More generally, I think there is a clear mandate for the Department of Public Health to improve our own ability to maintain continuity between the health services provided to youth while they are in custody and the health services they might receive from any of our programs after they are released. To this end, we will include specific suggestions in the forthcoming presentation to the Health Commission on the health needs of adolescents.

SAN FRANCISCO GENERAL HOSPITAL

Emergency Department Patient Discharge Center

The SFGH Emergency Department inaugurated a new service February 14, a comprehensive emergency patient discharge center. The new service will provide "one stop" comprehensive discharge services at the end of a patient's emergency visit. A Registered Nurse will provide patients with follow-up instructions, health education, medications, appointments and any needed supplies before the patient leaves the ED. Additionally, patients who are not affiliated with a primary care provider will be given information (if San Francisco residents) on obtaining primary care within Community Health Network sites. One of the ED's top priorities is to improve communication with patients and families regarding the "link" to primary care services.

Paramedic Seismic Improvement

The seismic improvement project to the Paramedic Division headquarters at 25th Street and Potrero Avenue has begun. The project is being performed by the building owner through a lease modification and will be completed by June 17, 1996. Extensive pre-construction planning and coordination has taken place between the Paramedic Division and the contractors to ensure minimal impact on 911 ambulance field operations or dispatching. There will be no disruption of services perceptible to the public and the contractor is prepared to halt work immediately, should 911 services require it. When complete, the project will bring the seismic stability of the building up to the State's "essential services" level, the only such facility level in the City.

Critical Diversion Statistics

For period February 1 - 15, 1996, Critical Care diverted for 22 hours and 43 minutes or 6.3%. Average census at time of diversion was 21.3 patients. Total Emergency Department diversion = 0

LAGUNA HONDA HOSPITAL

LHH Re-visited by the State Department of Health Services

On February 12 - 16, the State Department of Health Services' three-member team reviewed the LHH Plan of Correction for the December site visit to insure compliance. This is a result of an OBRA policy mandating re-visits to institutions which have any significant deficiency cited during the initial visit. We are awaiting a final report from this re-visit. Findings will be reported at Laguna Honda Hospital's Joint Conference.

Hospital Requests Temporary Variance from New Emissions Standards

On February 8, hospital staff appeared at a Public Hearing of the Bay Area Quality Management District (BAAQMD) to request a variance from the new emissions standards for nitrogen oxide which became effective on January 1, 1996. The hospital's two boilers, which provide heat, steam and hot water, currently exceed the new emissions standards. The hospital has initiated a Capital Improvement Project which will provide new burners and controls that will bring the level of emissions into compliance. This project is scheduled for completion this summer and the project schedule estimates the hospital will be in complete compliance by June 4, 1996.

The hospital has repeatedly requested funds for this project over the past four years, however, the required funds ($700,000.00) were not appropriated by the Capital Improvements Advisory Committee until the Spring of 1995. Due to the time required for design, obtaining OSHPD permits, public bidding, contract award and certification, it was impossible for the hospital to comply by January 1, thereby necessitating the variance request.

The Best Practices Award

For the second year in a row, Laguna Honda Hospital has been recognized by the State Department of Health Services for a "Best Practice." The Best Practices Program solicited submissions from all long term care facilities in the State on the topic of "Interdisciplinary Problem Solving." Laguna Honda's program for persons with head injury or brain trauma was chosen as an example of a successful interdisciplinary program. The Task Force which developed the program was chaired by Michael Shore, Ph.D., neuropsychologist.

COMMUNITY MENTAL HEALTH SERVICES

Children's Grant Awards

DMS -Children, Youth and Families was awarded a grant of $49,996 from the San Francisco Economic Opportunity Council (EOC) to provide substance abuse/mental health early intervention services. Three (15 hours/week) part-time Psychiatric Social Workers will be hired to provide services at EOC Head Start Centers.

Haas Grant

Peter and Miriam Haas Foundation has also awarded DMS - Children, Youth and Families a grant of $196,000 to provide mental health early intervention services at various child care centers. Components of the project will include training, consultation, and direct services. The project will begin in July 1996 with services offered at 28 child care centers during the first year.

BUREAU OF EPIDEMIOLOGY, DISEASE CONTROL AND AIDS

Water Filters

To follow up on the work done by the Cryptosporidium Task Force, Supervisor Carole Migden obtained a gift in the amount of $1000.00 to pay for the purchase and installation of water filtration systems. We are pleased to have been able to assist her in identifying programs serving people with HIV/AIDS, that would benefit from these water filters. The programs scheduled to receive the water filters are:

- Coming Home Hospice
- Maitri AIDS Hospice
- Continuum HIV Day Services

Coming Home and Maitri are residential programs that care for terminally ill people with AIDS. Continuum is a day and respite care program with activities, support services, nursing care, and transportation serving people with HIV and AIDS.

In addition to the funds for purchase and installation, Supervisor Migden's Office has also committed to finding monies for necessary replacement filters as they are needed. We appreciate the efforts of Supervisor Carole Migden and her staff in this important endeavor.

BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT

CUPA Hearing

The State Department of Toxic Substances Control has reviewed the Department's application for Certification as a Unified Program Agency (CUPA). This certification gives the Department the authority to implement seven environmental programs and requires business inspections to be consolidated for all the programs. As specified in Title 27 of the California Health and Safety Code, businesses regulated under CUPA will be assessed a surcharge by the State for oversight of the programs. Although the Department has applied for a waiver of this surcharge, a decision is yet to be made. A public hearing to hear testimony from the regulated community concerning the certification of the Department as a CUPA is scheduled for February 27, 1996 at 1:00 p.m. in Room #300, 101 Grove Street. Notification of this hearing will be mailed to all businesses currently regulated by the Department.

January 1996 statistics are on file with the Commission Office.

CREDENTIALING OF MEDICAL STAFF

Monthly Report to Joint Conference Committee
Third Quarter: Academic Year 1995-96

Committee Actions		December 1995	Year-to-Date Total
Appointments	Active	2	75
Month Total = 10	Courtesy	7	208
	Affiliated	1	21
Reappointments Submitted	Active	4	167
Month Total = 18	Courtesy	8	280
	Affiliated	0	61
Reappointments Not Submitted	Active	4	20
Month Total = 4 (January)	Courtesy	2	34
(December = 5)	Affiliated	3	9
Change in Privileges		16	35
Change in Staff Status		2	51
Resigned/Separated		7	264

January 1995 to present.

5) ELECTION OF THE 1996 VICE PRESIDENT OF THE HEALTH COMMISSION

Commissioner Monfredini nominated Commissioner Barnes for Vice President, with Commissioner Gadberry making a second.

Action Taken: The Commission unanimously elected Commissioner Barnes as the 1996 Vice President of the Commission.

President Chow made the following Commission assignments:

Budget Committee:
Commissioner Lee Ann Monfredini, Chairperson
Commissioner Sharon Gadberry, Ph.D.
Commissioner L. LaMont Terry, D.M.D.

Joint Conference Committee of San Francisco General Hospital:
Commissioner Edward A. Chow, M.D., Chairperson - Liaison to Richard Cordova
Commissioner L. LaMont Terry, D.M.D.

Joint Conference Committee of Laguna Honda Hospital:
Commissioner Lee Ann Monfredini, Chairperson - Liaison to Tony Wagner

Liaison Commissioners:

Commissioner Debra A. Barnes	- Liaison to Deputy Director Larry Meredith - S.F. Health Authority, effective April 1, 1996 - San Francisco General Hospital Foundation
Commissioner Sharon Gadberry, Ph.D.	- Liaison to Deputy Director Jo Ruffin
Commissioner Roma P. Guy, M.S.W.,	- Liaison to Deputy Director Bob Prentice, Ph.D.
Commissioner Lee Ann Monfredini	- Liaison to Chief Finance Officer, Monique Zmuda

Assignments to be made:

Joint Conference Committee of Laguna Honda Hospital
IHSS (In-Home Supportive Services) Public Authority
CARE Council

6) CONSIDERATION OF A RESOLUTION SUPPORTING THE DEPARTMENT OF PUBLIC HEALTH'S REQUEST TO INCREASE FUNDING FOR SELECT CORE PUBLIC HEALTH FUNCTIONS FOR FY 1996-97

Action Taken: The Commission unanimously adopted Resolution #5-96, entitled "Supporting Department of Health's Request to Increase Funding for Select Core Public Health Functions for FY 1996-97", (Attachment A).

7) CONSIDERATION OF A RESOLUTION SUPPORTING RESTRUCTURING PROPOSALS WITHIN THE DEPARTMENT OF PUBLIC HEALTH'S PROPOSED FY 1996-97 BUDGET, AND APPLYING SAVINGS ACCRUED FROM RESTRUCTURING TO FUND OTHER HIGH PRIORITY NEEDS

Public speakers: Dale Butler, Local 790, opposed to resolution.

Action Taken: The Commission (Chow, Barnes, Gadberry, Guy, Monfredini) adopted Resolution #6-96, entitled "Supporting Restructuring Proposals Within the Department of Health's Proposed 1996-97 Budget, and Applying Savings Accrued from Restructuring to Fund Other High Priority Needs", (Attachment B).

Commissioner Terry dissented.

8) CONSIDERATION OF A RESOLUTION FOR RENAMING THE COMMUNITY PRIMARY CARE CLINICS

Action Taken: The Commission unanimously adopted Resolution #7-96, entitled "Urging the Board of Supervisors to Rename Four Health Centers", Attachment C.

9) PRESENTATION AND CONSIDERATION OF THE EMERGENCY MEDICAL SERVICES CONFIGURATION

Dr. Mitch Katz, Director of Epidemiology, Disease Control and AIDS, presented an overview of a plan optimizing the configuration of San Francisco's Emergency Medical Services (Attachment D). A copy of the full report is available from the Commission Office (554-2666). Each of the following work groups presented their vision and recommendations:

- Community Education Work Group
- Communications, Dispatch, Base Hospital Work Group
- Response and Transportation Work Group
- Destination and Specialty Care Work Group
- Disaster Medical Response Work Group
- Regulatory Function Work Group
- Global Recommendations

Dr. Hernández pointed out that this is a community plan to improve emergency medical services to the citizens. The goal is to have a quality emergency medical services system. She acknowledged the need for more information and discussion with firefighters. A full presentation will be given to the Fire Commission. She has also been in discussions with Fire Chief Bob Demmons.

Public Speakers:

Josie Mooney, SEIU 790, Staff Director
John Bitoff, Director, Mayor's Office of Emergency Services
Robert Grover, Bayview - All Hallows Community
Don Lowenstein, M.D., UCSF Dept. of Neurology
Susan Haikalis, S.F. AIDS Foundation
Jonathan Meade, Paramedic Division
Sandy Tong, Paramedic Division
Jano Oscherwitz, Local 790
Art Hsieh, Local 790, Paramedic Chapter
Peter Bagatelos, S.F. Ambulance Association
Eric Botemo, S.F. Fire Dept.
Paula Gamick, S.F. Fire Dept.
Chief Ehrhardt Groothoff, Paramedic Division
Russ McCallion, S.F. Paramedic Association
Philip Harvey, Paramedic Division
Michael Callaham, M.D., S.F. Emergency Physicians' Association
Deputy Chief Richard Condon, S.F. Fire Dept.
Francine Carter, Coordinator of NERT BVHP
Anthony Robinson
Miles Butcher
Marc Snyder, S.F. Emergency Physicians' Association
John Rocco, S.F. Fire Dept.
Frank Roldan, S.F. Fire Dept.
George Dreaper, Paramedic Division
James M. Ahern, S.F. Firefighters, Local 798

Mr. Dito
Edward Sawicki, S.F. Paramedic Association

Commissioner Barnes acknowledged and thanked everyone for participating in this community process and coming up with a common goal. She supported moving to the next steps in the development of this plan.

Commissioner Gadberry expressed how impressed she is with the process and the plan. She requested the Department to include financial information related to the plan.

President Chow emphasized that today's public hearing is for the purpose of hearing public comments on the proposed configuration of San Francisco's Emergency Medical Services. There will also be a public hearing before the Fire Commission. Subsequently, a Joint Hearing with the Health and Fire Commissions will take place. At this Joint Hearing, there will be consideration of all of the proposed recommendations in the plan.

On behalf of the Commission, President Chow thanked Dr. Hernández, Dr. Katz, and all of the participants in this important planning process to devise an emergency medical services system with extraordinary consensus in a large number of areas.

10) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 6:50 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 5-96

SUPPORTING THE DEPARTMENT OF HEALTH'S REQUEST TO INCREASE FUNDING FOR SELECT CORE PUBLIC HEALTH FUNCTIONS FOR FISCAL YEAR 1996-97

WHEREAS, it is the mission of the Department of Public Health to promote a healthy environment, protect and promote the public's health, as well as to ensure access to and provision of essential health services; and,

WHEREAS, the Department of Public Health's budget provides funds for both core public health functions, such as epidemiology, child health promotion, regulatory services, as well as for direct health treatment services to San Francisco residents; and,

WHEREAS, analysis of the current budget indicates that only 5% of the Department's total budget of $735 million is allocated for core public health functions; and,

WHEREAS, needs assessments in the community indicate that additional prevention and regulatory services are needed to promote and protect the public's health; and,

WHEREAS, the Department of Public Health has proposed new or enhanced core public health programs in its submission of the FY 1996-97, including the development of a Senior Registry Program, increased funding for the Child Lead Prevention Program, and additional funding to meet the mandate of the regulatory function of the Emergency Medical Services Agency; and,

WHEREAS, the Health Commission recognizes the need to increase core public health capability in San Francisco, and supports these requests in the FY 1996-97 budget; now, therefore, be it

RESOLVED, that the Health Commission urges the Mayor and the Board of Supervisors to approve the funding requests for the Senior Disaster Registry Program, the expansion of the Childhood Lead Prevention Program, and the increased personnel to support the regulatory functions of the Emergency Medical Services Agency.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 20, 1996.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 6-96

SUPPORTING RESTRUCTURING PROPOSALS WITHIN THE DEPARTMENT OF PUBLIC HEALTH'S PROPOSED 1996-97 BUDGET, AND APPLYING SAVINGS ACCRUED FROM RESTRUCTURING TO FUND OTHER HIGH PRIORITY NEEDS

WHEREAS, the Department of Public Health has been restructuring its service delivery system in order to reduce costs, increase quality and enhance consumer satisfaction; and,

WHEREAS, the Department must meet these challenges in order to successfully compete with managed care companies and provide its services within reimbursement limitations; and,

WHEREAS, the Department has proposed additional restructuring plans in long term care services at Laguna Honda Hospital, acute care services at San Francisco General Hospital, and within the primary care network throughout the Department in the proposed fiscal year 1996-97 budget; and,

WHEREAS, the restructuring plans would implement productivity standards, and would reconfigure ward staffing models to approach industry standards; and,

WHEREAS, the proposed restructuring would not reduce direct services to patients nor would adversely impact bed capacity or quality of care; and,

WHEREAS, the Department needs to further invest in its infrastructure in order to successfully compete with private industry; and,

WHEREAS, the Department has identified funding requirements to develop managed care functions, including customer relations, marketing, and staff training; and,

WHEREAS, the Department has projected revenue losses in next fiscal year which must be addressed by increasing the Department's General Fund allocation, reducing expenditures, or both; therefore, be it

RESOLVED, that the Health Commission supports the restructuring proposals as outlined in the fiscal year 1996-97 budget; and, be it

FURTHER RESOLVED, that the Health Commission also supports applying savings accrued from the implementation of restructuring plans to meet other funding requirements of the Department of Public Health.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 20, 1996.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment B
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 7-96

URGING THE BOARD OF SUPERVISORS TO RENAME FOUR HEALTH CENTERS

WHEREAS, the Department of Public Health is committed to the principle of community-oriented primary care; and,

WHEREAS, the community-based Health Centers administered by the Department of Public Health embody the essential characteristics of community-oriented primary care by providing multidisciplinary health services reflecting the individual and community health needs identified in collaboration with the communities being served; and,

WHEREAS, to strengthen and formalize the relationship with their communities each Health Center has formed a Community Advisory Board; and,

WHEREAS, the name of a Health Center can further establish its identification with its community; and,

WHEREAS, four of the ten community-based Health Centers administered by the Department of Public Health are known by numbers dating back to a time when they were part of numbered public health districts; and,

WHEREAS, those four Health Centers, in collaboration with their respective Community Advisory Boards, have proposed the replacement of numbers with names that convey greater meaning to their communities; and,

WHEREAS, the proposed names were developed consistent with the Health Commission policy that establishes guidelines for proposals to rename City-owned health facilities; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco does hereby urge the Board of Supervisors to rename Health Center #1, the **Castro-Mission Health Center;** Health Center #3, the **Silver Avenue Family Health Center**; Health Center #4, the **Chinatown Public Health Center;** and Health Center #5, the **Ocean-Park Health Center.**

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 20, 1996.

Sandy Ouye Mori

Sandy Ouyé Mori
Executive Secretary to
the Health Commission

Attachment C
Page 1 of 1

OPTIMIZING THE CONFIGURATION OF SAN FRANCISCO'S EMERGENCY MEDICAL SERVICES (EMS)

EXECUTIVE SUMMARY

At the Health Commission meeting of September 19, 1995, the Emergency Medical Services (EMS) Agency presented an update on San Francisco's Emergency Medical Services system. The Commission was informed of the need to submit an updated plan to the State EMS Authority by August 1996. The Commission directed the Agency to develop a plan in an open process where all those interested in our EMS system could give input into the plan. The goal of the plan was to optimize patient care using existing resources. The report was to be presented for policy consideration in February of 1996, allowing sufficient time to begin implementation prior to submission of the plan to the State EMS Authority.

An open community process was chosen as the method for creating the plan recognizing that there were conflicting opinions as to what system San Francisco should pursue. When one looks across the nation, there are many different EMS models, which are successful for their locality. The question for us was: what is the best model for San Francisco, recognizing our City's special needs, resources, traditions, and philosophies. We felt that a community process would incorporate a wider range of views than would an expert panel or an appointed task force. Perhaps more importantly, we recognized that any major change in our system would require the support of all the constituencies of EMS. As you will see in our extensive recommendations for significant change in our system, this community process resulted in an extraordinary consensus in a large number of areas.

Our community process consisted of three Town Hall meetings, which dealt with broad system issues and 51 work group meetings. To facilitate progress, the EMS system was divided into six major components:

Community Education
Communications, Dispatch, Base Hospital
Response and Transportation
Destination and Specialty Care
Disaster Medical Response
Regulatory Function

Issues which link the six groups were discussed jointly by the respective groups and resolved so that the recommendations from each group would fit together as a system. All meetings were open to anyone who wished to attend. EMS Agency staff prepared minutes and fulfilled requests for information. Each group appointed its own Chair and Co-Chairs. The meetings were facilitated by a superb outside Facilitator, Lenore Goldman. Groups which were represented at the meetings included: the San Francisco Paramedic Division, King American Ambulance Company, San Francisco Ambulance Service, American Medical Response, BayStar Medical Services, Bayshore Ambulance Service, the Fire Department, the Police Department, Chief Administrative Office, San Francisco Emergency Physicians' Association, San Francisco Chapter Emergency Nurses Association, San Francisco Paramedic Association, Paramedic Union Local 790, Firefighters Union Local 798, California Fire Chiefs Association, International Association of Fire Chiefs, Chinese Hospital, California Pacific Medical Center, Davies Medical Center, Kaiser Hospital and Permanente Medical Group, UCSF Mount Zion Medical Center, St. Luke's Hospital, St. Francis Memorial Hospital, San Francisco General Hospital, UCSF, Mayor's Office of Emergency Services, California Highway Patrol, National Park Service, Hospital Council, Clinic Consortium, American Red Cross, American Heart Association, Pediatric Intensive Care Network, and many others. In all, over 300 persons participated in the process. We met for a total of 213 hours in a four month period, which translates to over 1900 person hours. I should note that this does not include EMS Agency staff time, preparatory time, or our Facilitator's time. But these 1900 hours represent men and women donating their time because of their commitment to EMS in San Francisco and their commitment to system improvement. While it is a truism of management consulting that the best way to improve a product or a service is to involve the people on the front lines, it is rarely done. The recommendations that follow are the recommendations of the consensus process, not just staff recommendations developed after community input. Each recommendation was discussed, worded, reworded, rediscussed, and debated until there was a consensus. Remarkably, given this diverse group of people, there was consensus on all recommendations. Within the Regulatory Function Work Group, we did not reach consensus on how to characterize the issue of Conflict of Interest, but we did agree on how to resolve the problem.

Regarding consensus, I should note that the definition we used was: overwhelming sentiment for a particular point of view after having listened respectfully to alternative points of view. Thus, we did not reach unanimous consensus regarding all recommendations. Other points of view were expressed during our process. I am certain that the Commission will hear some of these other points of view in Public Comment.

We view these recommendations as the culmination of our planning process, but just the start of feasibility analysis and implementation phases. It is our hope that this Commission will support these consensus recommendations. The EMS Agency estimates that the implementation phase for the recommendations ranges from one month for some and three years for others. Some of the recommendations will be easy to carry out. Some, especially those that require major system change, such as those for Response and Transportation, will require complex negotiations with City officials, City department heads, unions, and affected employees. In respect to the authority of this Commission, we have not negotiated outside of our consensus process. Instead, we are seeking policy approval so that we can begin negotiations. While we recognize that many of the things we wish to accomplish will be difficult and time consuming, we believe that they are all do-able with the good will of the parties that built this consensus and the support of this Commission.

Our configuration process produced a total of 247 recommendations. We believe that the vast majority of our recommendations are revenue neutral. It is possible, however, that some of the changes proposed, especially those of Response and Transportation, may increase or decrease costs depending on how these recommendations are influential. With regard to costs, I should also note that these recommendations were not based on a cost effectiveness analysis. We did not attempt to determine what the most cost efficient method for providing these services would be. Rather, we sought to make more effective use of our current resources while maintaining high standards for quality of care and delivery.

To fully implement the recommendations of Community Education, Disaster Medical Response, and Regulatory Function will require increased funding. Community Education work group's recommendation R11 is to fund a full-time position for a Community Education

Specialist who would lead the development and coordination of community education with San Francisco. Disaster Medical Response is recommending increased training, equipment, and supplies. The Regulatory Function Work Group recommendation R45 is to fund a position to perform outcomes research to assess the quality of EMS care. These increased expenditures are all core public health functions, as opposed to service delivery functions.

Recent changes in health care financing, especially those due to managed care and capitation, will certainly impact our system. The Destination Work Group with participation from managed care providers, considered policies relating to managed care. However, much more detailed discussions need to occur with managed care providers in the implementation phases of the project.

At this time, the Department is not requesting specific action by the Commission to be taken on the report's recommendations. We do seek directive to present the report to the Fire Department and Fire Commission within the next month - or soon as it can be calendared so that they may review the recommendations, specifically those in the Response and Transportation section. Subsequently we would, with the Mayor's approval, convene a joint Fire/Health Commision meeting where recommendations may be formally adopted and an implementation plan will be outlined. Dr. Hernández has met with Mayor Brown and Fire Chief Demmons in anticipation of these recommendations and to inform them of the planning process.

For the review of the Recommendations in this packet, I will provide a brief explanation of each component of the EMS system and then ask the Chairs and Co-Chairs of each Work Group to come to the podium to present the recommendations. The format of the oral and written materials are a little different from group to group because each work group had an autonomous process. After the recommendations, we have the full vision statements for each group and additional materials including a description of our current system and a description of other EMS systems found in the United States.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

L. LaMont Terry, D.M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

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AGENDA

HEALTH COMMISSION MEETING

March 5, 1996
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF FEBRUARY 20, 1996

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(3.1) FINANCE - Consideration of a resolution approving sliding fee scale policy for Targeted Case Management (TCM) services, consistent with State requirements for participation in Medi-Cal reimbursement for Targeted Case Management.

(3.2) FINANCE - Consideration of an amendment to Patient Day Rates for Targeted Case Management (TCM) services for visits to San Francisco General Hospital and Community Public Health Services clinics, for Fiscal Year 1995-96.

(3.3) CHS-AIDS - Retroactive approval of a renewal contract with STOP AIDS Project, Inc., in the amount of $227,141, for the provision of HIV/AIDS prevention services, for the period July 1, 1995 through December 31, 1996. (DPH contracted with STOP AIDS Project, Inc. for services totaling $151,427 during Fiscal Year 1994-95).

(3.4) SITE APPROVAL - Site approval for South of Market Mental Health Services, which will be moving from 471 Jessie Street to a proposed site at 760 Harrison Street.

(3.5) **SITE APPROVAL** -Site approval for the Chinatown Child Development Center, which will be moving from 651 Grant Avenue to 720 Sacramento Street.

4) **DIRECTOR'S REPORT**
(Dr. Sandra R. Hernández, Director of Health)

5) **PRESENTATION AND CONSIDERATION OF A RESOLUTION FOR THE ADOLESCENT NEEDS SURVEY**

6) **UPDATE ON THE COMMUNITY NEEDS ASSESSMENT PROCESS (SB 697)**

7) **CONSIDERATION OF A REVIEW AND APPROVAL OF A REVISED FY 1996-97 BUDGET SUBMISSION FOR THE DEPARTMENT OF PUBLIC HEALTH**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

9) **EXECUTIVE SESSION:** **AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54956.9, CONFERENCE WITH LEGAL COUNSEL: CONSIDERATION OF A PROPOSED $40,000 SETTLEMENT RE: EPITACIA MORALES V. CITY AND COUNTY OF SAN FRANCISCO, SUPERIOR COURT #966-482**

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

L. LaMont Terry, D.M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, March 5, 1996
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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Note: **Prior to establishing a quorum of the Commission, Commissioners Gadberry, Guy and Terry convened a gathering at 3:10 p.m. to receive information from the Department.**

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 4:10 p.m.

Present:	Commissioner Edward A. Chow, M.D. Commissioner Sharon Gadberry, Ph.D. Commissioner Roma P. Guy, M.S.W. Commissioner L. LaMont Terry, D.M.D.
Absent:	Commissioner Debra A. Barnes Commissioner Lee Ann Monfredini

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF FEBRUARY 20, 1996

Action Taken: The Commission unanimously adopted the minutes of February 20, 1996.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Sharon Gadberry, Ph.D.)

(3.1) FINANCE - Consideration of a resolution approving Sliding Fee Scale Policy for Targeted Case Management (TCM) services, consistent with State requirements for participation in Medi-Cal reimbursement for Targeted Case Management.

See Attachment A.

(3.2) FINANCE - Consideration of an amendment to Patient Day Rates for Targeted Case Management (TCM) services for visits to San Francisco General Hospital and Community Public Health Services clinics, for Fiscal Year 1995-96.

(3.3) CHS-AIDS - Retroactive approval of a renewal contract with STOP AIDS Project, Inc., in the amount of $227,141, for the provision of HIV/AIDS prevention services, for the period July 1, 1995 through December 31, 1996. (DPH contracted with STOP AIDS Project, Inc. for services totaling $151,427 during Fiscal Year 1994-95).

Commissioner Gadberry encouraged the Department to continue the follow-up on issues raised in the monitoring report (January 31, 1996).

(3.4) SITE APPROVAL - Site approval for South of Market Mental Health Services, which will be moving from 471 Jessie Street to a proposed site at 760 Harrison Street.

This item was continued to April 2, 1996.

The continuance was requested in order to hold three additional community meetings to hear concerns by residents in the neighborhood of the proposed site. The meetings will be held at Mendelsohn House, 737 Folsom Street (between 3rd and 4th Streets) on the following dates:

March 11, 1996 - 5:30 to 6:30 p.m.
March 18, 1996 - 5:30 to 6: 30 p.m.
March 25, 1996 - 5:30 to 6:30 p.m.

Public Speakers (opposed the site approval):

Michael Abel
Mrs. Roxas, San Lorenzo Ruiz Center

(3.5) SITE APPROVAL -Site approval for the Chinatown Child Development Center, which will be moving from 651 Grant Avenue to 720 Sacramento Street.

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee, except for #3.4.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

BUDGET

1996-97 Budget Approval Process

The Mayor and the Board of Supervisors' budget approval process is underway with today's submission of next year's budget proposal. Once the Department submits our Health Commission approved budget, the Mayor's staff will attempt to balance the budget citywide. The Mayor's Budget staff will take into account the funding requests from all departments, and available revenues for next year. In consultation with the Department, we expect that the Mayor will make funding decisions on the Department's proposed budget over the next two to three months. Consistent with the Charter requirements, the Mayor is scheduled to transmit a balanced City budget to the Board of Supervisors by June 1, 1996.

After June 1, the Board of Supervisors' Budget Analyst, Harvey Rose and his staff review and analyze the Mayor's budget, and make recommendations to the Budget Committee of the Board of Supervisors. The Budget Committee of the Board holds public hearings and deliberates the budget over a two week period in the month of June. Once the budget is approved by the Budget Committee, it is transmitted to the full Board for public hearing and consideration. Usually, the Board of Supervisors finally approves the budget in July. This year, the Health Department's budget will be reviewed by the Budget Committee of the Board on June 20. The Budget Committee's public hearing on the budget is scheduled for June 22. The Budget Committee anticipates approval of the City budget by the full Board by July 15, 1996.

I will keep the Commission informed about the budget process over the next several months, as our budget is considered and deliberated by the Mayor and the Board of Supervisors.

ADMINISTRATION

Today's Press Conference with Mayor Brown and Supervisor Migden

Mayor Brown, Supervisor Migden and I held a joint press conference this morning to announce the Department's new Breast Cancer Initiative. As this Commission is aware, many women who may be at risk for breast cancer are not obtaining timely, regular breast exams, mammography and follow-up. This early intervention program will assure women's access to appropriate screening and most importantly, assure they obtain adequate follow-up for abnormal screenings. Follow-up will include education/counseling and medical staging for treatment options. The program will be a city-wide effort with referrals for treatment going to the Breast Cancer Clinic at SFGH.

Breast Cancer Summit in Planning Stages

Mayor Brown has asked the Department to work with his office and other agencies and organizations to plan and facilitate a Breast Cancer Summit which will take a close look at breast cancer detection and treatment in the Bay Area. At today's press conference, the Mayor called for all interested groups to join us in this effort and we anticipate having more specific plans in place within the next few weeks with the Summit scheduled for late summer. I will keep the Commission members informed as this evolves.

Registered Nurse Labor Agreement Extension

I reported to you in an earlier Director's Report that SEIU Local 790, representing our staff and per diem nurses, proposed extending the current agreement for 14 months, from April 30, 1996 to June 30, 1997. The Department tentatively agreed pending ratification by the bargaining unit and approval by the Mayor and Board of Supervisors.

We have been informed by Local 790 that the RN Bargaining Unit has ratified the extension. The agreement now goes to the Mayor and the Board in the form of an ordinance for approval.

Sexual Harassment in the Workplace Workshop

On February 24, the City Attorney's Office conducted a very interesting and successful workshop on Sexual Harassment in the Workplace. The workshop was attended by several hundred City managers, including a large contingent of the Health Department's Expanded Executive Staff. All of the Department's Personnel Officers were in attendance. Mayor Brown and City Attorney Renne provided opening remarks. The workshop was held at Everett Middle School's main auditorium. The Department of Public Health Sexual Harassment Policy was approved by the Commission in 1994.

FEDERAL DRUG ADMINISTRATION

Scientific Advisory Committee to the FDA

As the Commission is aware, I participated on the Scientific Advisory Committee to the FDA that considered the approval of a number of new antiretroviral therapies for the treatment of HIV and AIDS. These meetings last week were historical from a number of different perspectives. Ritinovar was approved by the FDA in 72 days, the fastest known drug approval in the history of that agency's regulatory work. More importantly, however, both Ritinovar and Crixivan were approved as new drugs based on a number of large scale clinical protocols. These drugs, so-called protease inhibitors, constitute a significant enhancement to available drug therapies for clinicians and patients working to increase survival and decrease morbidity associated with this epidemic.

The Department will be working actively to assure that these drugs are widely available to all HIV infected patients who could benefit from them. It is anticipated that these drugs will be quite costly and, therefore, there is significant work to do beyond FDA approval to assure their availability.

I believe we have hit another important cornerstone in the fight against this virus and am hopeful that increasingly this disease will be manageable as a chronic infection.

The Department would like to extend acknowledgment and appreciation to AIDS activists, HIV infected patients and clinicians, as well as the scientific and pharmaceutical communities for their ongoing effort in fighting this disease.

EMERGENCY MEDICAL SERVICE AGENCY

EMS Reconfiguration Update

The Department has been in touch with the Fire Commission to schedule the presentation of the EMS Configuration plan heard by our own Commission last month. Chief Demmons requested the presentation take place in April after both the Health and Fire Department's have had the opportunity to visit Seattle's Medic One model in late March. The Fire Commission is tentatively planning a special meeting the week of April 1st. If it is the desire of both the Fire and Health Commissions, a joint meeting will be planned for late April.

SAN FRANCISCO GENERAL HOSPITAL

Critical Care Diversion Statistics

February 21 - 29, 1996, Critical Care Diversion was at 7% (48 hours 23 minutes). Emergency Department diversion for the period February 1- 29 was 0 hours. Emergency Department diversion for the period March 1 - 3 was 6.8% (4 hours 55 minutes).

The average census at time of diversion was 21.3 patients.

COMMUNITY PUBLIC HEALTH SERVICES

Awards

- Jennie Woo, Public Health Nurse, received the NURSE Recognition Award from the NURSEWEEK California periodical. The award was granted to ten outstanding nurses throughout California. Jennie's bilingual, bicultural skills along with her sensitivity and knowledge led to this recognition and award. She is actively involved with cancer support groups for Chinese women and teaches T'ai Chi classes.

- Dr. Peter Ng will receive the "Koshland" award from the SF Foundation which honors those who have worked to enhance the life of Chinese in Chinatown. Dr. Ng serves on many community projects and is known for his epidemiological approach to Pediatric Primary Care. Dr. Ng has done extensive research and their particular effects in the Chinese community on: lead poisoning, over-use of mothballs, safety issues and salmonella poisoning.

DIVISION OF MENTAL HEALTH SERVICES

South of Market

DMS requested a continuance of site approval for the South of Market Mental Health Clinic until the April 2nd Commission Meeting. The clinic currently located on Jessie Street provides Adult outpatient and case management services. The proposed relocation site is 760 Harrison (between 3rd and 4th Streets.

Last week a number of residents from nearby senior housing complexes expressed their concern at a community meeting about the proposed move. DMS requested the postponement to allow more time to meet with the community. The South of Market Clinic has been looking for over a year for a new location. The current site is inadequate for program requirements.

DMS will hold three community meetings to discuss the proposed move during the next month. Meetings will take place at Mendelsohn House, 737 Folsom Street (between 3rd and 4th):

March 11, 1996 - 5:30 to 6:30 p.m.
March 18, 1996 - 5:30 to 6: 30 p.m.
March 25, 1996 - 5:30 to 6:30 p.m.

Additionally, meetings will be held at senior housing sites for Spanish, Tagalog and Cantonese speaking seniors. DMS is hopeful it will address community concerns through this process.

BUREAU OF EPIDEMIOLOGY, DISEASE CONTROL AND AIDS

Chief, Health and Prevention Services Branch

I am delighted to announce that A. Gene Copello has accepted the position of Chief, Health and Prevention Services Branch. He will be starting on March 25, 1996.

As many of you know, Gene has been the Director of the San Mateo County AIDS Program for the past five years. He has also been a member of the Mayor's HIV Health Services Planning (CARE) Council for several years.

Gene has been very active on the state and federal levels advocating for HIV Health Service and Prevention programs. He has extensive experience working with community groups and community-based agencies. I believe he will be a significant asset to our office. Please join me in welcoming him.

BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT

San Francisco Energy Company Power Plant

The California Energy Commission (CEC) Revised Presiding Members Proposed Decision (PMPD) on the proposed San Francisco Energy Company (SFEC) Power Plant was released on February 8. The Revised PMPD generally approved the siting of the power plant at the Port Site on Cargo Way with the caveat that: (1) the SFEC acquire a lease from the Port Commission; and, (2) the disputed contract for

SFEC to sell energy to PG&E is enforceable. A CEC hearing was scheduled yesterday to hear more comments.

On-site Training for Food Service Workers

Because the simple act of handwashing is the best protection for preventing food borne illness and disease, the Bureau of Environmental Health Management, together with Epidemiology and Disease Control and industry representatives, have implemented an educational and enforcement campaign to train food service workers in the proper techniques and importance of frequent handwashing.
The Bureau has prepared an intensive training curriculum for all District Health Inspectors and includes an on-site training opportunity for food service managers/owners and workers. The Golden Gate Restaurant Association is working with the Department to provide permanent handwashing signs in food facilities.

Cellular Antenna Transmitters

The Planning Commission is scheduled to decide the permitting of seven PacBell Mobile Services cellular antenna transmitter sites in the City on March 7. These seven are the first of a group of 30 Personal Communications Services (PCS) sites proposed by PacBell. Other telecommunications competitors are expected to follow PacBell. DPH staff has reviewed the Conditions of Approval for these sites and recommend that radio frequency (RF) radiation measurements be required at the time of initial operation so as to verify compliance with exposure standards. In addition, to address public concern about potential health effects, to verify that public health is protected, and to add to the existing body of knowledge, DPH recommended that ongoing epidemiological studies in San Francisco on RF exposure be conducted.

The Commission should be aware however, the new national Telecommunications Bill which was signed into law by President Clinton, states that the permitting of these sites cannot be refused based on RF radiation exposure which complies with Federal Communications Commission exposure standards.

5) PRESENTATION AND CONSIDERATION OF A RESOLUTION FOR THE ADOLESCENT NEEDS SURVEY

Dr. Janet Shalwitz presented the results of the Adolescent Health Project survey entitled "Preventing Youth Health Problems in San Francisco." The survey, along with the SB 697 health needs assessment, shows that health risks associated with adolescents are significant. The full report is available at the Commission Office. The Survey of 478 youth in May 1995 was supplemented by surveys and interviews with providers and administrators, focus groups, and data analysis. The Adolescent Health Project compiled and analyzed information in order to:

- Describe the status of youth health in San Francisco,
- Identify priorities for and concerns about youth health and health services,
- Define key issues for the effective delivery of health services for youth in a managed care environment, and
- Identify promising strategies for preventing youth health problems in San Francisco.

Dr. Bob Prentice, Deputy Director for Community Public Health Services, expressed the need to have a special focus on adolescents within the Department. He reported that a planning group with a designated coordinator would be established. This planning group would come back in six months with recommendations to the Commission for plans to address the adolescent health issues.

Commissioner Guy encouraged the Department to bring these adolescent health issues to the upcoming Youth Summit, called by the Mayor.

Commissioner Gadberry thanked the youth representatives for their participation and work on the survey.

Commissioner Terry emphasized the need to focus on violence prevention as it relates to youth.

Dr. Hernández stressed the need for sustained prevention efforts and the difficulty to measure prevention outcomes over a period time.

Action Taken: The Commission unanimously adopted Resolution #9-96, "Supporting Comprehensive Adolescent Health Planning and Coordination", (Attachment C).

6) UPDATE ON THE COMMUNITY NEEDS ASSESSMENT PROCESS (SB 697)

The Department provided an update on the Hospital Community Needs Assessment component of Senate Bill 697, (Attachment B).

Tangerine Brigham, Acting Director of Planning; Ed Schoenberger, President of Northern California Community Services Council, Inc.; and Nathan Nayman, Hospital Council; provided an overview of three reports which were a culmination of efforts undertaken by the Department of Public Health, the Northern California Community Services Council, on behalf of San Francisco hospitals, the Hospital Council of Northern and Central California, and the United Way. The three reports are: 1) Indicator Data Report, 2) Anthology of Local Studies of Community Perceptions on Health Related Issues, and 3) Executive Summary of the San Francisco SB 697 Community Needs Assessment.

This unprecedented joint collaboration and efforts between the hospital community and health agencies was praised by the Commission. The collaborators are now developing a community benefits plan to address these needs as a group, as well as individually, to assure the health care needs of City residents are met.

7) CONSIDERATION OF A REVIEW AND APPROVAL OF A REVISED FY 1996-97 BUDGET SUBMISSION FOR THE DEPARTMENT OF PUBLIC HEALTH

At the February 6, 1996 meeting of the Commission, Monique Zmuda, Chief Finance Officer, proposed a FY 1996-97 total expenditure budget of $749 million, requiring $129 million in General Funds. This request was approved by the Commission. Since then, the Department is revising its proposed FY 1996-97 budget by requesting a total expenditure budget of $754 million, requiring $132 million in General Funds.

Attachment D is the Revised Report on Proposed Budget for FY 1996-97.

Public Speakers: Dale Butler, SEIU Joint Council
Tony Leone, President, Golden Gate Nurses Association

Action Taken: The Commission unanimously approved the revised Department of Public Health budget for FY 1996-97, with a total expenditure budget of $754 million, requiring $132 million in General Funds, and to forward this budget to the Mayor.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

President Chow announced a special Health Commission meeting for Tuesday, March 12, 1996 at 4:00 p.m., 101 Grove Street, Room #300. The only two items on the Agenda will be a presentation of the 1994-95 Department of Public Health Annual Report and a presentation of the annual Deloitte and Touche Report.

9) EXECUTIVE SESSION: AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54956.9, CONFERENCE WITH LEGAL COUNSEL: CONSIDERATION OF A PROPOSED $40,000 SETTLEMENT RE: EPITACIA MORALES V. CITY AND COUNTY OF SAN FRANCISCO, SUPERIOR COURT #966-482

Action Taken: The Commission unanimously approved the proposed settlement of $40,000.

Action Taken: The Commission unanimously decided to disclose no information on its discussion of this item.

The meeting was adjourned at 6:20 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 8-96

ADOPTING A DEPARTMENT OF PUBLIC HEALTH SLIDING FEE SCALE POLICY FOR TARGETED CASE MANAGEMENT SERVICES

WHEREAS, the San Francisco Health Commission previously approved Resolution #31-95 enacting a sliding fee scale and program guidelines to standardize eligibility policies at Community Public Health Services and San Francisco General Hospital; and,

WHEREAS, the State Department of Health Services requires that County Public Health Services and Hospital Outpatient Departments provide the services defined in the Medi-Cal Targeted Case Management Program; and,

WHEREAS, the Federal Health Care Financing Administration (HCFA) and the State Plan Amendment mandate that a fee mechanism is in place whereby all participants receiving a Targeted Case Management Service are charged a fee to allow reimbursement; and,

WHEREAS, in order to comply with the State Department of Health Service and with the Federal Health Care Financing Administration, the Department of Public Health must adopt a Sliding Fee Schedule for Targeted Case Management Services which is to be made retroactively effective as of January 1, 1995; and,

WHEREAS, the Department of Public Health estimates its average costs for all Targeted Case Management Services provided by the Community Health Services and San Francisco General Hospital Programs to be $135.00 per encounter; and,

WHEREAS, the Department recommends adoption of a Sliding Fee Schedule to apply to persons with relatively high income in order to ensure access to Targeted Case Management to all patients with Department of Public Health; and,

WHEREAS, the proposed Sliding Fee Schedule will call for a sliding fee to be paid if income exceeds $143,078 for a family of four or more, or if income exceeds $75,248 for an individual; and,

WHEREAS, the Sliding Fee Schedule is consistent with the State recommended Sliding Fee Policy and also consistent with the Sliding Fee Scale in other California Counties; and,

WHEREAS, the approval of this fee and Sliding Fee Schedule will allow the Department to amend its existing posted charges, which have been approved by the Health Commission and Board of Supervisors; now, therefore, be it

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 8-96 (Cont;d.)

RESOLVED, that the Targeted Case Management Fee of $135.00 and Sliding Fee Schedule presented in the attached Exhibit 1 is approved and shall become effective January 1, 1995; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission authorizes the Director of Public Health to direct responsible staff to ensure that the program is uniformly applied to all appropriate service sites.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting on Tuesday, March 5, 1996.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

TO: Edward Chow, M.D., President and
Members of the Health Commission

FROM: Sandra R. Hernández, M.D.
Director of Health

RE: Hospital Community Needs Assessment (SB 697)

DATE: February 27, 1996

This memorandum provides an update on the Hospital Community Needs Assessment component of Senate Bill 697 (Torres).

Legislative Intent

Under SB 697, private, non-profit hospitals are required to document the community benefits that they provide. SB 697 requires private, non-profit hospitals to conduct community needs assessments every three years and to develop community benefits plans on an annual basis. The intent of SB 697 is to have hospitals embrace a wider definition of health. Under SB 697, hospitals must meet the following requirements:

1. Reaffirm their hospital mission statement
2. Complete a Community Needs Assessment
3. Adopt a Community Benefits Plan

Community Needs Assessment Process

Since June 1995, members of the Hospital Council of Northern and Central California and the Department of Public Health have met to discuss the Community Needs Assessment requirement of Senate Bill 697. As you know, community needs assessments enable us to gauge community concerns, determine unmet service needs and identify fragmentation in service delivery.

In an effort to compile a thorough assessment of the community's health needs, hospitals agreed to develop a single city-wide community needs assessment as opposed to several different hospital-specific community needs assessments. SB 697 provided an opportunity to build on this foundation by developing a single city-wide community assessment which combines all of our various efforts to provide cost-effective and efficient services on a more comprehensive scale.

While, SB697 does not apply to County, University of California, children's, or small and rural hospitals, I believe that our participation in the community needs assessment fits within our broad role of ensuring access to services and engaging in policy development. The Department has provided in-kind resources to this process by sharing information, providing in-kind assistance to the SB 697 work group and assisting in the facilitation of the planning process. Below is a listing of the hospitals which participated in the SB 697 Community Needs Assessment process:

California Pacific Medical Center
Chinese Hospital
Ralph K. Davies Medical Center
Kaiser Permanente
Laguna Honda Hospital
Mt. Zion Medical Center (UCSF)
Pacific Coast Hospital
St. Luke's Hospital
St. Mary's Medical Center
Saint Francis Memorial Hospital
San Francisco General Hospital
San Francisco Veterans Affair Medical Center
U. C. at San Francisco Medical Center

We hope that SB 697 will be the start for future joint planning by hospitals, the Department and, eventually, health maintenance organizations on the provision of health-related services.

Community Needs Assessment Reports
The central approach taken for the Community Needs Assessment was to identify the factors that impact health and to begin the dialogue on what defines "health." The United Way, through its affiliate, the Northern California Community Services Council (NCCSC) provided invaluable support in compiling and writing San Francisco's Community Needs Assessment. Working with the hospitals, NCCSC developed all three components of the Community Needs Assessment -- the Indicator Data Report, the Anthology of Local Studies and the Executive Summary.

- Indicator Data Report: This document provides data for over 75 demographic, health, social, education and economic indicators that describe and impact the health and well-being of San Franciscans. The hospitals and the Department had tremendous amounts of health-related data on the populations and communities that they serve. Whenever possible, the San Francisco data was compared to State and/or national data, including the Healthy People 2000 goals. Most indicators were broken down by age, sex, and race/ethnicity and some by either neighborhood or district. This quantitative data provides information on health status and disparate health outcomes among different population groups.

- Anthology of Local Studies of Community Perceptions on Health and Related Issues: This document distills existing studies, surveys, assessments and findings from focus groups and community forums. The Anthology examines an array of qualitative data to uncover recurring health and social service issues that influence the health and well-being of San Franciscans and provides context for the quantitative information contained in the Indicator Data Report.

  The Anthology looks at health and related issues affecting specific populations including: (1) children and families, (2) adolescents, (3) women, (4) elderly, (5) persons with HIV or AIDS, (6) persons affected by homelessness, disability, mental illness and/or substance abuse. The anthology then examines the following community health issues that impact health: (1) health care affordability, (2) affordable housing, (3) alcohol and other drugs, (4) violence, (5) environmental health, (6) disaster and emergency preparedness and (7) economic development.

- Executive Summary: This document is synthesizes and integrates the both the Indicator Data Report and the Anthology of Local Studies.

In many ways, the Anthology and Indicator Report support each other -- what are perceived health needs by San Franciscans are also seen quantitatively in lower health status and troublesome health indicators. Findings in the Indicator Report also support what health care providers have known anecdotally about health care access and health status. However, neither the Anthology nor the Indicator Data Report draw conclusions on the health status of San Franciscans. Rather, the intent is to highlight health issues and themes that can be addressed by both consumers and providers. Hospitals are currently discussing possible forums in which to educate, inform and validate the Community Needs Assessment with the San Francisco community.

Community Benefits Plans

San Francisco hospitals provide some level of community benefits/services. Under SB 697, community benefits mean "a hospital's activities that are intended to address community needs and priorities primarily through disease prevention and improvement of health status." SB 697 requires private, non-profit hospitals to document their community benefits and adopt a Community Benefits Plan.

The Community Benefits Plan will flow from the hospital's reaffirm mission statement and the Community Needs Assessment. Community benefits should target the service needs identified in the Community Needs Assessment. Community benefits are categorized into one of the following categories:

- Medical care services
- Other benefits to vulnerable populations
- Other benefits for the broader community
- Health research, education and training programs
- Non-quantifiable benefits

On an individual basis, each private, non-profit hospital will define its community, and begin the process of developing its Community Benefits Plan. All hospitals which participated in the Community Needs Assessment have agreed to collaborate on providing at least one community service in response to service needs identified in the needs assessment.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 9-96

SUPPORTING COMPREHENSIVE ADOLESCENT HEALTH PLANNING AND COORDINATION

WHEREAS, adolescents and young adults between the ages of 12 and 24 years comprise a youth population of 114,634 people in San Francisco and this youth population is 12% African-American, 19% Latino, 34% Asian/Pacific Islander, 34% White, and 1% other; and,

WHEREAS, these youth are passing through normal developmental phases that involve risk-taking and experimentation which place them at high risk and which require significant support and guidance to ensure positive problem-solving skills development; and,

WHEREAS, both the Adolescent Health Survey and the SB 697 Needs Assessment conclude that in San Francisco this is an age group at high risk for health problems which are well suited for prevention and intervention, including sexually transmitted diseases, HIV infection, homicide, suicide, substance abuse, unintended pregnancies, late prenatal care and infants born low birthweight; and,

WHEREAS, these health problems have costly and/or long-term consequences for the individuals affected and their families, as well as the community as a whole; and,

WHEREAS, pending State and Federal legislative proposals for health care reform do not address the comprehensive health care needs of adolescents, now, therefore; be it

RESOLVED, that the Department of Public Health recognizes youth as an underserved population in San Francisco which requires dedicated services; and, be it

FURTHER RESOLVED, that the Department of Public health will define and seek to assure a minimum of standard of care for comprehensive health services for the youth population of San Francisco, and seek to assure that these standards be adopted by public and private providers, including Health Maintenance Organizations plans; and, be it

FURTHER RESOLVED, that the Department of Public Health will incorporate the findings from both SB 697 and the Adolescent Health Survey in all local, State and Federal forums where objectives for performance partnership agreements are developed; and, be it

FURTHER RESOLVED, that the Department of Public Health continue to seek general funds, grants and revenues for wraparound services, including medical, mental health and substance abuse services, which are essential to the effective provision of comprehensive health care services for this population; and, be it

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 9-96 (Cont'd.)

FURTHER RESOLVED, that the Department's reorganization and strategic planning efforts take into account the opportunity to intervene with effective prevention programs and wraparound services targeting San Francisco adolescents.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 5, 1996.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment C
Page 2 of 2

Revised Report on Proposed Budget for FY 1996-97

On February 6, 1996 we presented to the Commission the Department's proposed budget for fiscal year 1996-97. Our presentation and report summarized our proposed expenditures and estimated revenues and included information on proposed restructuring and other critical funding requirements. In sum, we proposed a total expenditure budget of $749 million, requiring $129 million in General Fund.

Since our presentation to the Commission last month we have made several changes to our proposal. In sum we are currently proposing a total expenditure budget of $754 million, requiring $132 million in General Fund. The remainder of this report highlights the changes we have made to our proposal.

Some of our revisions have been made to comply with additional instructions we have received from the Mayor's Budget Office. Specifically, the Mayor's Finance Director asked that any staff reductions we propose be made effective September 1, 1996 rather than July 1, 1996. This delay will allow for review by both the Mayor and Board of Supervisors before the separations take effect.

We have also increased the size of our proposed reduction plan for Laguna Honda Hospital. As we have continued to evaluate the level of overspending at the Hospital, we have determined that we must propose additional staff reductions in order to bring spending more in line with reimbursement rates. Despite these additional reductions, Laguna Honda will require $4.4 million in General Fund support, $1.8 million more than we requested in our original proposal. Detail on the full proposal is set forth below.

In addition, we have revised our proposed budget to include (1) additional funding for a home health agency program; (2) augmentation of the EMSA consistent with the Configuration Plan presented to the Commission on February 20, 1996; and (3) reallocation of existing funds within the Forensics budget to fund new rape treatment services. Detail on these is set forth below.

Attached to this report are materials we will submit to the Mayor's Budget Office. These include revised Expenditure and Revenue Summary charts for each Division and Budget Request Forms providing detail on our proposed increases and decreases.

Proposed Reductions

Staffing Reductions at Laguna Honda Hospital

Our February 6, 1996 proposal included staffing reductions of a net of approximately 70 FTEs at Laguna Honda effective July 1, 1996. Consistent with direction from the Mayor's Budget Office, these reductions are now proposed with an effective date of September 1, 1996. This later date will allow the proposal to be reviewed by the Mayor as well as the Board of Supervisors before taking effect. It should also be noted that the number of positions to be deleted from the Medical Division have been reduced from 6 to 2.5

As we have continued to monitor the revenue and expenditure budget at Laguna Honda, we have determined that additional staffing reductions are necessary in order to bring next year's spending more in line with reimbursement rates. Our revised proposal includes the separation of an additional 17 positions, including 15 head nurses and 2 nursing supervisors, resulting in savings of $1.7 million. In addition, the Hospital will eliminate a vacant clerical position, will implement reductions in its central supplies operation (4 FTEs) and in its radiology department (1 FTE), and will share cost reporting contract services with other DPH Divisions. The Hospital also expects to continue to benefit from a decreasing level of worker compensation claims.

We believe that we can implement the staffing reductions outlined above without adversely impacting the quality of care or bed capacity at the Hospital. We will continue to monitor our service through quality assurance mechanisms which are currently in place and we will make staffing adjustments as maybe warranted.

Despite these reductions, the Hospital will require $4.4 million in General Fund subsidy next year. This need results from several factors: the Hospital's current rate spending exceeds the funding available in the current year budget; the budget contains a high salary savings requirement and significant unrealized revenues. Our original proposal projected an expenditure budget of $105 million for the Hospital. Our revised proposal total $107 million. It includes an additional $2 million to reduce the Hospital's salary savings requirement to a more realistic level of 5%. Our original proposal requested $2.6 million in General Fund for Laguna Honda. The revised proposal requests a total of $4.4 million for the Hospital.

Primary Care Integration

In response to the Health Commission's resolution and policy directive, we have developed more detailed plans for the implementation of productivity standards throughout our primary care system. We are now able to provide the Commission with detail on the staffing that is needed to meet existing client volume in our primary care programs at San Francisco General Hospital and Community Public Health Services clinics. These productivity standards will begin to bring our cost per unit of service to approach, but not reach ,both industry standards and anticipated reimbursement rates under Medi-Cal managed care programs. We believe that if these productivity standards are achieved, personnel expenditures could be reduced without service reductions or clinic closures.

Accordingly, we have developed proposals to reconfigure nursing care by adopting a consistent and more cost effective staffing and skill mix across the primary care network. These changes are designed to save approximately $686,550 at CPHS and $116,750 at SFGH. At SFGH we propose to eliminate 5 RN positions assigned to clinics and replace them with 5 Licensed Vocational Nurses. At CPHS we propose to separate 30 of 60 RNs in health centers and replace them with 30 Medical Evaluation Assistants.

We have also developed proposals to introduce productivity standards for providers (physicians, nurse practitioners and residents) establishing the number of patients they treat each day. Based on modest productivity standards, we believe the health centers can operate with eight fewer providers, saving approximately $666,667 and five fewer providers at SFGH, saving $541,700.

In our opinion, our proposed skill mix changes are not contrary to and will not violate any existing provisions labor contracts.

Public Health Nursing: We propose to reduce public health nursing costs by $616,747 (of which $418,507 is General Fund savings) by bringing public health nursing salaries in line with staff nursing salaries. Public Health Nurses who work in the community and in patients' homes are paid $11,300 more per year than their RN counterparts who work in hospital wards (both acute and skilled nursing), emergency departments and clinics. We propose to reduce PHN salaries to eliminate this salary differential. We will be meeting with labor to agree on how to achieve these savings with our objective being to maintain nursing positions without laying off any of the workforce. If we cannot reach agreement with labor on the salary reduction, the Department will consider reductions in staffing levels to effect the savings.

Dental Services: We propose to consolidate dental services currently provided at six sites for a savings of $107,000. The consolidation would result in services being provided at three sites and would require the separation of one dentist. The consolidation would maintain the current volume of dental services provided at the three sites.

Primary Care Administration: We propose to reconfigure the management structure which administers the primary care program for an estimated savings of $166,667. The reductions are still under discussion, but would include reducing the number of health center directors, reducing the number of nurse managers, and/or other expenditure reductions in our administrative cost centers.

Acute Care Reconfiguration

San Francisco General Hospital will continue to modify its model of care in the acute care wards, consistent with its on-going "managed change" process. The Hospital will adjust its skill mix by eliminating 27 RNs and replacing them with 15 LVNs and 11 Psychiatric Technicians saving $417,000

The Hospital will also reduce staffing in its Support Departments through attrition, saving $383,250.

Program Enhancements

Home Health Agency Augmentation

Community Public Health Services instituted a pilot project last year to provide home health services to persons with MediCal and Medicare eligibility. The proposal is to extend the pilot from one Health Center our entire primary care system. The Department requests an additional $586,000 to increase staffing and operating costs in order to provide skilled nursing care, physical therapy and occupational therapy in patients' homes. The proposal would include staggering the new hires over a period of 6 months, as referrals are received for home health services. The total program costs is estimated at $968,000 for the FY96-97 year. Once fully operational, the program cost would be $1.1 million, with 16 FTE providing over 10,000 home health visits a year. The services are billable to MediCal and Medicare, which would fund a significant portion of the new costs requested in next year's budget. Of the amount requested, approximately $62,000 in General Funds would augment MediCal and Medicare revenues to support the program.

EMS Configuration Project Recommendations
Consistent with the EMS Configuration Project recommendations presented to the Commission on February 20, 1996, we are requesting additional funding for this core public health function. Our request includes an increase in Emergency Medical Services Agency staffing to perform outcomes data analysis and develop community education programs. Specifically $196,051 will fund an epidemiologist and a health program coordinator as well as related operating expenses.

Reallocation

Rape Treatment Center Services
We are proposing to reallocate resources within the Forensics budget to fund new services associated with the Rape Treatment Center. Pursuant to resolutions approved by the Health Commission and the Commission on the Status of Women on October 17, 1995 (attached), Forensics will provide $179,835 to fund rape survivor advocacy and accompaniment services and a centralized hotline. These new services will be administered (via work order) by the Commission on the Status of Women. In addition, $25,750 will be allocated to provide on-site psychiatric consultations for rape and sexual assault survivors at the Rape Treatment Center.

Forensics is proposing to make reductions in staffing for the Rape Treatment Center and Jail Health Services to fund the new services described above. Funding for 2.75 FTEs will be reallocated to support the proposed services. We anticipate no layoffs will result from this program redesign.

Summary

The Department requests the Health Commission's approval of the revised budget for FY1996-97, which contains details on the restructuring and cost reduction consistent with productivity standards at Laguna Honda, Community Public Health, and San Francisco General Hospital. It also includes detail on program enhancements in all four divisions which have previously been approved by the Health Commission. Finally, the revised budget contains requests for new programs which have not yet been considered by the Health Commission, including the augmentation to the home health agency, Emergency Services Agency epidemiology and health education services, and a reallocation of dollars within the Rape Treatment Center to fund a rape survivor project through the Commission on Status of Women.

Thank you for your consideration of these changes.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

L. LaMont Terry, D.M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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SPECIAL HEALTH COMMISSION MEETING

AGENDA

March 12, 1996
4:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) **CALL TO ORDER**

2) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT**

3) **PRESENTATION OF THE DeLOITTE AND TOUCHE ANNUAL REPORT**

4) **OTHER BUSINESS/PUBLIC COMMENTS***

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

L. LaMont Terry, D.M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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MINUTES OF THE SPECIAL HEALTH COMMISSION MEETING

Tuesday, March 12, 1996
4:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The special meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 4:05 p.m.

Present:
Commissioner Debra A. Barnes
Commissioner Edward A. Chow, M.D.
Commissioner Sharon Gadberry, Ph.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Lee Ann Monfredini
Commissioner L. LaMont Terry, D.M.D.

2) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT

Tangerine Brigham, Acting Director of Policy and Planning, presented an overview of the Department of Public Health's 1994-95 Annual report, which provides general information on public health and personal health care services provided by the Department. The report included the following:

- Message from the Director
- Keeping People Healthy
- San Francisco Health Commission
- Organization Chart
- Staff Making a Difference
- Focusing on the Community
- Partnering with the Community
- Looking Towards the Future
- The Demographics of our City

- Health Status Indicators
- Financial Information
- The Department's Workforce
- Department Programs and Phone Numbers

Ms. Brigham acknowledged the following Department of Public Health staff for their work in producing this report:

Central Office

Yvette Stuart, Personnel, Classification Unit
Tangerine Brigham, Acting Director, Policy and Planning
Joanne Kimata, Senior Health Planner, Policy and Planning
Anne Kronenberg, Executive Assistant to the Director of Health
Eileen Shields, Marketing/Public Relations Officer, Office of Public Relations
Mary Magocsy, EMS Agency
Ben Gale, Director, Environmental Health Management

CPHS

Garth Collins, Director, Health Promotion and Education

DMSF

Kate Monico-Klein, Forensics
Ellen Relojo, Forensics
Bill McConnell, Mental Health
Holly Beye (for Larry Meredith), Substance Abuse

LHH

Marianne Sullivan

SFGH

Diane Miller, Director, Planning and Management Services

The Commission complimented the Department for the excellent report and commented on the easy readability of the document. Dr. Hernández reported that this report will be disseminated to the Mayor, the Board of Supervisors, the Departments Heads of the Human Services Cluster, and all of the City Departments interfacing with the Department of Public Health.

3) PRESENTATION OF THE DELOITTE AND TOUCHE ANNUAL REPORT

Monique Zmuda, Chief Financial Officer, presented the Annual Report describing the consulting activities for Contract Year One of the Joint Initiative between the Department of Public Health (DPH) and the Deloitte and Touche Consulting Group (D&T) to enhance revenues and reduce costs. (Attachment A).

The report gives a general overview of the project, summary of financial impact and proposed plans to for Contract Year Two. In addition, the reports includes in its Appendix, a detailed description of each major project initiative, including the objectives and progress made during the period of January 1995 through December 1995, as well as the anticipated benefits that should be realized by the Department of Public Health during the fiscal years ending June 30, 1996 and 1997. The Summary of the Financial Impact is Attachment B.

A copy of the full report is available at the Commission Office.

Dr. Hernández reported that in response to a request from the Budget Committee of the Board of Supervisors, the report will be transmitted to the Budget Committee for review.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 6:10 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

Executive Summary

The San Francisco Department of Public Health (DPH) faces unprecedented challenges today to fulfill its mission. Increasing public health service needs, constrained Federal, State and City/County budgetary resources and massive market and competitive changes confront DPH and require strong, bold initiatives by management to ensure that the most needy of San Francisco residents receive the health services they require.

To respond to these challenges, DPH enlisted the assistance of Deloitte & Touche Consulting Group (D&T) and its teaming partners. DPH and D&T have entered into a public/private partnership to enhance revenues and service delivery activities and reduce costs to better position DPH to compete in the evolving managed care market and continue meeting its mission.

This year end report summarizes the activities performed during Contract Year One by the partnership and outlines the proposed plans for Contract Year Two of this important effort.

D&T began discussions with DPH in 1993. Meetings were held with DPH Executive Staff to discuss the challenges facing the Department. Based on these discussions, D&T conducted a pro bona diagnostic assessment to identify the specific opportunities and enhancements available to the Department.

The assessment was completed in October, 1993 and based on that effort a competitive procurement ensued to select a partner for DPH to resolve the issues and implement the opportunities which were identified by D&T. D&T was awarded the contract and after extensive contract negotiations, the project commenced in January, 1995.

As of December, 1995, eight major project initiatives were underway, including:

- ☐ Organizational Restructuring
- ☐ Contract Services
- ☐ Provider Reimbursement / Rate Setting
- ☐ Federal Funds Maximization
- ☐ SFGH Operations Improvement
- ☐ LHH Operations Improvement
- ☐ Primary Care Operations Improvement
- ☐ Special Projects

D&T and DPH management are working jointly on these initiatives. Progress has been made on each of the initiatives, but significant effort remains for the

Attachment A
Page 1 of 3

Department to position itself to compete in the evolving marketplace and continue fulfilling its mission.

The anticipated financial impact for the initiatives performed in Contract Year One that we believe will be realized in FY 95/96 and 96/97 total over $27.5 million in revenue enhancements and $15.6 million in cost savings. $4.8 million in revenue enhancements have been received by DPH through December, 1995.

To date, significant efforts have been made by D&T related to the identification and recovery of short-term revenue enhancements and the identification of short and long-term cost savings opportunities. A large part of our consulting assistance has been dedicated to the evaluation, diagnosis and identification of process reengineering opportunities at San Francisco General Hospital and Community Public Health Services. The reengineering efforts focused on improving patient throughput, patient wait times, provider and nurse productivity and quality of care. Additionally, the consulting assistance involved significant data analysis, systems analysis and reviews of the operations, processes and procedures employed by DPH in delivering high quality, cost efficient health services.

In Contract Year One, the focus of the project was on project start-up activities, opportunity identification, and workplan development. As noted, major project activities centered on short-term revenue enhancement opportunities and the identification of short and long-term cost savings initiatives.

The focus of our Contract Year Two activities will shift to assisting in the implementation of short and long-term cost savings initiatives and the identification and pursuit of additional revenue enhancement and cost savings opportunities. Specific project activities being considered for Contract Year Two include:

- ☐ Organizational Restructuring - Assisting DPH in its and organizational restructuring efforts around the development of an Integrated Delivery System (IDS).
- ☐ Contract Services - Assisting DPH in the review, restructuring and rationalization of contracted physician and non-physician services purchased from UCSF at SFGH.
- ☐ Provider Reimbursement/Rate Setting - Assisting in the development of new provider rate setting methodologies based on optimal service delivery models for services purchased by Mental Health and Substance Abuse.

☐ Federal Funds Maximization - Assisting in the identification and pursuit of opportunities to increase federal funding available to the DPH, including revenues from the Supplemental Security Income, Medi-Cal and Medicare programs. Activities which may be performed during Contract Year Two will include automated data matches, retroactive claim submission, cost report preparation and audit appeal and adjustment resolution.

☐ Facility and Service Delivery Operations Improvement - Assisting in ongoing efforts by DPH to improve operations and achieve cost savings efficiencies at San Francisco General Hospital, Laguna Honda Hospital and Community Public Health Services.

☐ Special Projects - Continue providing technical expertise to DPH on selected projects and initiatives, on an as needed basis.

Many of the specific activities which have been planned to be performed during Contract Year Two have already been defined and will be revised, as appropriate, as the project continues. Additional project activities and baselines associated with new project initiatives are expected to be developed during Contract Year Two. All new project activities and baselines will be approved by DPH Executive Staff before implementation and bi-weekly status meetings will continue to be held with DPH Executive Staff to obtain management approval and concurrence with project direction and focus.

Summary of Financial Impact

The potential opportunities for revenue enhancement and cost savings that have been identified thus far are detailed below. They include over $27.5 million in revenue enhancements and $15.6 million in cost savings, of which $4.8 million in revenue enhancements have been received by DPH through December, 1995. To date, significant efforts have been expended in pursuing short-term revenue enhancement opportunities and identifying opportunities for short-and long-term cost savings.

The following schedule summarizes the potential financial impact of each of the major project initiatives. The source column indicates whether the financial impact will be a result of revenue enhancements, denoted by an R or cost savings, denoted by a C. In addition, the schedule indicates the fiscal year in which we expect the revenue enhancement or cost savings benefits to be realized by DPH.

Major Project Initiatives		Source	Fiscal Year 1996 Estimated $ Impact (in millions)
Organizational Restructuring		C	
Contract Services		C	
Provider Reimbursement/Rate Setting		C	
Federal Funds Maximization		R	18.5
FQHC at SFGH FY 94/95 (estimate)	$ 8,800,000		
FQHC at CPHS FY 93/94 (estimate)	$ 1,500,000		
Enhanced Eligibility DPH-wide (estimate)	$ 2,500,000		
Short-Doyle Medi-Cal FY93/94 (actual)	$ 3,747,410		
Retro MAC at SFGH FY 93/94 (actual)	$ 1,074,935		
Retro MAC at SFGH FY 94/95 (actual)	$ 878,313		
Total	$18,500,658		
SFGH Operations Improvement		C	5.0
LHH Operations Improvement		C	
Primary Care Operations Improvement		C	
Special Projects		C	
Total Fiscal Year 1996 Financial Impact			$23.5

Major Project Initiatives		Source	Estimated $ Impact (in millions)
Organizational Restructuring		C	
Contract Services		C	3.0
Provider Reimbursement/Rate Setting		C	
Federal Funds Maximization		R	9.0
Enhanced Eligibility DPH-wide (estimate)	$5,000,000		
Short-Doyle Medi-Cal FY94/95 (estimate)	$3,000,000		
Enhanced Revenues for JHS (estimate)	$1,000,000		
Total	$9,000,000		
SFGH Operations Improvement		C	0.5
LHH Operations Improvemen		C	4.5
Primary Care Operations Improvement		C	2.6
Special Projects		C	
Total Fiscal Year 1997 Financial Impact			$19.6
Grand Total of Revenue Enhancement Opportunities (For DPH Fiscal Years Ending June 30 1996 and 1997)		R	$27.5
Grand Total of Cost Savings Opportunities (For DPH Fiscal Years Ending June 30, 1996 and 1997)		C	$15.6
Grand Total		C/R	$43.1

Attachment B
Page 2 of 2

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

L. LaMont Terry, D.M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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AGENDA

HEALTH COMMISSION MEETING

March 19, 1996
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 5, 1996

3) CONSENT CALENDAR OF BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) DMS - Monthly update on contract with St. Mary's Hospital and Medical Center (dba McAuley Neuropsychiatric Institute) in the amount of $300,000 to provide adolescent inpatient, partial hospitalization, transitional (outpatient) services, and Medi-Cal funded child, adolescent and adult psychiatric inpatient hospital services for the period of July 1 , 1995 through June 30, 1996. (DPH contracted with St. Mary's for services totaling $1,188,917 during FY 1994-95).

(3.2) Consideration to approve the Performance Contract for Mental Health Services for FY 1995-96.

(3.3) CHS - AIDS - Request for approval of the FY 1996-97 Ryan White Comprehensive AIDS Resource Emergency Act of 1990 (CARE) Formula, Supplemental, and Title II services with a combined total of $42,743,021 for the period of April 1, 1996 through March 31, 1997.

(3.4) CHS - AIDS - Renewal contact with the Iris Center: Women's Counseling and Recovery Services, in the amount of $112,293, for the provision of HIV/AIDS prevention and education services to women, for the period of July 1, 1995 through June 30, 1996. (DPH contracted Iris Center for services totaling $1,095,041 during FY 1994-95).

(3.5) **SFGH** - Request for supplemental appropriation in the amount of $20,000,000 to provide for the county contribution to the SB 1255 program which will realize a return to San Francisco General Hospital of $34,000,000 in FY 1996-97.

(3.6) **SFGH** - Retroactive contract/modification with Starcare International, Inc. in the amount of $54,180 to provide cost reimbursement and revenue optimization consultation services to San Francisco General Hospital (SFGH), for the period of March 9, 1996 through June 30, 1996.

4) **DIRECTOR'S REPORT**
(Dr. Sandra R. Hernández, Director of Health)

5) **PRESENTATION OF THE ANNUAL REPORT OF CHILDHOOD LEAD PREVENTION PROGRAM**

7) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts tc accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
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Department of Public Health

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TEL: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, March 19, 1996
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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/19/96

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:15 p.m.

Present:
Commissioner Debra A. Barnes
Commissioner Edward A. Chow, M.D.
Commissioner Sharon Gadberry, Ph.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Lee Ann Monfredini
Commissioner L. LaMont Terry, D.M.D.

President Chow made a special presentation to Jennie Woo, who received the Nurse Recognition Award from the Nurseweek California periodical. The award was granted to ten outstanding nurses throughout California. Jennie's bilingual, bicultural skills, along with her sensitivity and knowledge led to this recognition and award. She is actively involved with cancer support groups for Chinese women and teaches T'ai Chi classes.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 5, 1996

Action Taken: The Commission unanimously adopted the minutes of March 5, 1996.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) **DMS** - Monthly update on contract with St. Mary's Hospital and Medical Center (dba McAuley Neuropsychiatric Institute) in the amount of $300,000 to provide adolescent inpatient, partial hospitalization, transitional (outpatient) services, and Medi-Cal funded child, adolescent and adult psychiatric inpatient hospital services for the period of July 1 , 1995 through June 30, 1996. (DPH contracted with St. Mary's for services totaling $1,188,917 during FY 1994-95).

> Bill McConnell reported that the contractor is in compliance and has been responsive to the Department's concerns.
>
> Commissioner Monfredini requested that an update be provided every two months, the next one to be scheduled for May 21, 1996.

(3.2) Consideration to approve the Performance Contract for Mental Health Services for FY 1995-96.

(3.3) **CHS - AIDS** - Request for approval of the FY 1996-97 Ryan White Comprehensive AIDS Resource Emergency Act of 1990 (CARE) Formula, Supplemental, and Title II services with a combined total of $42,743,021 for the period of April 1, 1996 through March 31, 1997.

(3.4) **CHS - AIDS** - Renewal contact with the Iris Center: Women's Counseling and Recovery Services, in the amount of $112,293, for the provision of HIV/AIDS prevention and education services to women, for the period of July 1, 1995 through June 30, 1996. (DPH contracted Iris Center for services totaling $1,095,041 during FY 1994-95).

> Commissioner Monfredini encouraged the Department to work with the contractor on fiscal practices.

(3.5) **SFGH** - Request for supplemental appropriation in the amount of $20,000,000 to provide for the county contribution to the SB 1255 program which will realize a return to San Francisco General Hospital of $34,000,000 in FY 1996-97.

(3.6) **SFGH** - Retroactive contract/modification with Starcare International, Inc. in the amount of $54,180 to provide cost reimbursement and revenue optimization consultation services to San Francisco General Hospital (SFGH), for the period of March 9, 1996 through June 30, 1996.

> Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

ADMINISTRATION

First Annual State of the City, Public Health Address

On April 15, I will deliver the First Annual State of the City, Public Health Address to the Board of Supervisors. I have been granted the opportunity to deliver this Address at 3:00 p.m. before the full Board, as a special presentation within their regularly scheduled meeting. I will provide each Health Commissioner a written preview of the Address prior to my presentation. Health Commissioners are invited to attend the Board of Supervisors meeting on that date.

In conjunction with the Public Health Address, the Department is working with CityWatch, Government Cable Channel 54 to produce a short educational/promotional film tentatively titled "Fitting the Pieces Together." The 12 minute film will highlight the diversity of activities in our Department as well as current environmental and regulatory challenges in public health. Production will be completed in time for a formal release on April 15, 1996. I will continue to keep the Commission informed regarding these activities.

Mayor's Community Partnership Program Hosted Satellite Conference on Youth Violence and Drug Use

San Francisco was one of 23 cities to host a satellite site for the White House Leadership Conference on Youth Drug Use and Violence. Larry Meredith, Director, Community Substance Abuse Services, and I attended on behalf of the Department. The purpose of the conference was to educate and enlist support of leaders from all sectors in a national private/public partnership aimed at reducing adolescent drug use and violence. The Conference provided a framework and resource information for the 1996 National Drug Control Strategy. President Clinton and other top officials led Conference sessions in Washington, DC. Locally, San Francisco's satellite Conference was co-sponsored by Mayor Brown's Community Partnership Program and the Regional Office of the Federal Department of Health and Human Services.

101 Grove Street Seismic Retrofit Project to Proceed

DPH has been notified that the $22.5 million Earthquake Safety Project II bond funds have been allocated to fund the seismic retrofit of 101 Grove Street and the temporary relocation cost for occupants of the building. Relocation planning and implementation will take approximately 12 months. Department of Real Estate is taking the lead role in identifying potential space for the Tom Waddell Clinic, the clinical laboratory on the 4th floor and all offices in the building. Department of Public Works estimates construction will take approximately 20 months once the building is vacated. A detailed project schedule is being developed, and I will provide periodic progress reports as new information becomes available.

I want to acknowledge DPW and the Department of Real Estate for their work and support of the Seismic Retrofit Project. I am sure the Commission Resolution was instrumental in keeping the project moving forward.

As part of this relocation we will need to identify a suitable location for Commission public hearings. I will keep you abreast of our options in this regard.

SAN FRANCISCO HEALTH AUTHORITY

Detailed Design Application

I am happy to report that in late February, the San Francisco Health Authority submitted its Detailed Design Application to the State Department of Health Services. The Detailed Design Application provides in-depth information on the Health Authority's provider network, scope of services and quality improvement system. Under the State's Two-Plan Model, the Health Authority must obtain approval for its Detailed Design Application and Knox-Keene Application before it can become operational.

Federally Qualified Health Centers

The Health Care Financing Administration (HCFA) has released a policy memorandum on FQHC reimbursement under managed care. FQHC clinics participating in managed care under Federal law are entitled to reasonable cost based reimbursement. HCFA's policy is that the State will be responsible for covering these additional costs. HCFA's directive states that the "additional costs will not be borne by the HMO." HCFA's policy memorandum also indicates that State payments to HMO's who contract with FQHC's must reflect the payments provided to the FQHC.

Last week, all 12 local initiative counties and the State Department of Health Services met to discuss FQHC payment methodology under the two-plan model. As you may recall, the current capitation rates for Medi-Cal managed care are based on calendar year 1993 FQHC reimbursement and utilization.

Counties have expressed grave concern that the capitation rates do not reflect current FQHC reimbursement and utilization. This is of particular concern in San Francisco where 1995 data indicates a 250% increase in FQHC costs (related to the additional designation of FQHC sites) since 1993. Indications based on Statewide data suggest DHS' increased trend factor for FQHC costs will be only 45%. In July 1996, the State will recalculate the capitation rates to reflect more recent FQHC data. At this time, we do not know how much the capitation rate might increase based on this more current information.

Bob Prentice and I met with John Rodriquez of State DHS to discuss the Department's retrospective and prospective FQHC eligibility of our DPH Primary Care Clinics. This meeting helped clarify the next steps for the Department.

DPH is still awaiting the final audit report for our FQHC cost based reimbursement within CPHS. Due in large part to the technical support of Deloitte and Touche the Department is not anticipating significant audit disallowance's from this seven month long audit. Congratulations to all the fiscal staff who worked with the auditors.

SAN FRANCISCO GENERAL HOSPITAL

White House Medical Unit Site Visit

SFGH has developed a formal relationship with the White House Medical Unit due to the President's frequent Bay Area visits. Recently the White House Medical Unit visited SFGH in preparation for President Clinton and Vice President Gore's early March trip to the Bay Area. The White House team site survey includes walk-through's of all treatment areas, confidentiality issues, media management, helicopter landing area and security.

The Brazilian Consulate also notified SFGH that the President and First Lady of Brazil would be utilizing the services of SFGH in the event of a medical emergency during their recent visit.

Trip to Seattle: Harbor View Hospital

On Friday, March 22, Richard Cordova will lead a combined SFGH/Paramedic Division/San Francisco Fire Department contingent to Seattle to visit Seattle's Harbor View Medic One Emergency Medical Services Program. Joining Mr. Cordova on the one-day, fact-finding trip are: Ehrhardt Groothoff, Chief, Paramedic Division; Deputy Chief Richard Condon, SFFD Operations; Capt. Richard Shortall, SFFD EMS Division; Dr. Eric Isaacs, ED Attending Physician and Medical Director, SFFD; and Chris Wachsmuth, Associate Administrator, Pre-Hospital & Emergency Services.

The contingent hopes to gain operational insight into Seattle's program. As you may recall, the Medic One model was discussed at length during your recent EMS Re-configuration hearing. Seattle's Medic One program has gained national recognition for: improved cardiac arrest survival rates; exemplary working relationship between physicians, hospital departments, and paramedic services within a Fire Department structure; EMS field research; and paramedic education and quality management programs.

Appointment of Rehab Coordinator
Bonnie Seaman joined the Rehabilitation Department as the new Rehab Coordinator on March 4th. Bonnie is a licensed Physical Therapist with extensive background and experience in acute and long term care. She comes from the Greenery Rehabilitation Center where she served as Rehabilitation Director. The Rehabilitation Department is expanding services in a number of areas including: outpatient workers' compensation rehab services, SNF services, and working with Health Center #5, home health rehab services.

Critical Care Diversion Statistics
March 1 through 17, 1996, Critical Care diversion was at 4.8% (19 hours 0 minutes). Emergency Department diversion for the period March 1 through 17 was 1.2% (4 hours 55 minutes).

The average critical care census at time of diversion was 21 patients.

LAGUNA HONDA HOSPITAL

Follow-up Survey by Licensing and Certification
On March 1, 1996, Laguna Honda Hospital received the results of a follow-up survey conducted by the State Licensing & Certification Department. Some deficiencies were noted by the State, and the Hospital has submitted a Plan of Correction addressing each item. The Hospital will consult with Licensing & Certification and the Regional HCFA Office to clarify the new recently implemented OBRA procedures. Hospital administration will report on any significant outcomes of this consultation.

LHH Senior Nutrition Program
The Commission on Aging recently completed its annual survey and assessment of the Senior Nutrition Program contracted to Laguna Honda Hospital. Minor environmental compliance issues were identified. All deficiencies were corrected immediately.

COMMUNITY PUBLIC HEALTH SERVICES

Violent Injury Prevention (VIP) Project
The Violent Injury Prevention (VIP) Project is now fully operational. Jennabeth Ward is the Project Coordinator. The Project Epidemiologist is Gail Hughes. Funding for this project was received from the Injury Control Section of the State Department of Health Services. The project is funded at $177,139 for three years.

The goals of the VIP project are:

1. Increase capacity for intentional injury prevention by creating an injury focal point in the Bureau of Health Promotion which would coordinate, support, and provide technical assistance to all Department efforts at intentional injury prevention.

2. Provide staffing and technical support to the San Francisco Violence Prevention Network, a coalition of public, private and community agencies.

3. Develop and implement a training on intentional injury as a public health (environmentally driven) issue for managers, gatekeepers, opinion leaders, policy makers and community leaders.

4. Implement a violence prevention policy and procedures for identification of individuals at-risk, for the purpose of initiating interventions that prevent the onset of violent or abusive

behavior. These policies and procedures will apply in DPH clinical settings, to increase the capacity and to further institutionalize the Department's ability to address this mandated reporting requirement (Penal Code §11161).

5. Initiate planning that will establish an accurate system for the surveillance and documentation of firearm usage in violent incidents in San Francisco. Make this information readily available to agencies, policy makers and the public.

COMMUNITY MENTAL HEALTH SERVICES

Substance Abuse Project for Head Start Program

DMS in conjunction with Target Cities received funding from EOC to start a substance abuse prevention and referral program for San Francisco Head Start. We anticipate 3 part-time staff will be hired within the next two weeks and service will begin by the end of the month. The three targeted neighborhoods will be OMI District, Mission and Chinatown/North Beach.

Managed Care Planning

The DMS Management Team and System of Care managers held a retreat early in the month to plan for managed care implementation. Issues discussed include the overall structure, access, roles of clusters, and movement among levels of care. We will be implementing the Training of Trainers program to bring some of the planning discussion to the program level.

Appointment of New Foster Care Project Coordinator

I am pleased to announce the appointment of Dr. Denise Jones as the new foster care project coordinator. Dr. Jones was formerly with the Ventura Mental Health Division and the Bayview Hunters' Point Foundation. She started on a part-time basis March 15, and will become full-time as on April 15.

Koshland Award

Two staff from the Division of Mental Health received the Koshland Civil Unity Award, honoring their contributions and services to the Children, Youth and Families of San Francisco Chinatown. Nancy Lim Yee, a therapist from the Chinatown Child Development Center, is one of twelve recipients for the 1996 Koshland Award for her work with the Chinese Families of the Disabled. Sai-ling Chan-Sew, the Director of Children, Youth and Families, will received special recognition for her work in promoting mental health and child care in the Chinatown community. She was one of the founders of the Wu Yee Children's Services, and formerly served on the Board for the NICOS Chinese Health Coalition, and the Good Samaritan Family Center.

Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation approved the continuation of the Family Mosaic Project $1,053,000 grant. The grant provides funding for the development of a system of care for seriously emotionally disturbed children. Funds are also used to assist the Division of Mental Health in its restructuring efforts to implement the San Francisco Mental Health Managed Care Plan. The State plan calls for carving out mental health services from the Medi-Cal clients Health Plans. It places responsibility for management of Medi-Cal recipients mental health services with the County.

This grant will enable:

- development of services for youth 18-21 years old transitioning from the children's service delivery system;

- improve substance abuse treatment linkages for children with both mental health and substance abuse issues;
- develop the foster care mental health assessment and triage system to serve children who are dependents in the child welfare system;
- develop primary care consultation to primary care physicians serving children and their families;
- implement outcome measures in the child system; and
- develop the structure within mental health to assume the broker role in managed care.

BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT

Certification as a Unified Program Agency (CUPA)

Staff from the California Department of Toxic Substances Control (DTSC) conducted a public hearing at DPH on February 27th. The purpose of the hearing was to accept and respond to comments regarding the Department's recent application to the State for Certification as a Unified Program Agency (CUPA). This Certification, which is required by state statute, mandates the consolidation of seven hazardous materials and hazardous waste program.

At this time, there are no unresolved issues regarding the application. Once DTSC staff makes a recommendation to the Secretary of the California Environmental Protection Agency to approve the application, the Department will receive official notification of certification. DPH staff is currently working with the City Attorney's Office to amend the local ordinances regarding hazardous materials and wastes to ensure consistency with CUPA requirements.

Department of Pesticide Regulation

Under Section 105200 of the Health and Safety Code, physicians are expected to report all suspected health conditions resulting from pesticide exposure.

The Department of Pesticide Regulation (DPR) will be sending notification letters to physicians identified as failing to comply with the pesticide illness reporting requirement. DPH was contacted by Louise Mehler, M.D., DPR Program Director to work with her office in disseminating information and encouraging San Francisco physicians to report suspected pesticide exposure cases.

February 1996 statistics are available in the Commission Office.

5) PRESENTATION OF THE ANNUAL REPORT OF CHILDHOOD LEAD PREVENTION PROGRAM

Dr. Larry Meredith, Deputy Director for Operations, introduced the presentation for the Annual Report of the Childhood Lead Prevention Program.

The presentation included the following speakers:

Introduction of Program
Ben Gale, Director, Bureau of Environmental Health Management

Presentation of Report (Attachment A)
Karen Cohn, Program Manager, Childhood Lead Prevention Program

Comments from Partner Programs
Naja Williams Boyd, Program Manager, Mayor's Office of Housing,
Lead Hazard Reduction/Primary Prevention Program

Comments from Citizens Advisory Committees (CAC)
Sharon Donovan, Chair, Lead Poisoning Prevention, CAC
Neil Gendel, Chair, Lead Hazard Reduction, CAC

Commissioners' comments:

Commissioner Chow requested quantifiable goals of the workplan.

Commissioner Guy raised the question of priority for funding these programs. Dr. Hernández regards these programs to be a core public health function and, therefore, be prioritized as a major public health issue for the City and County.

Commissioner Chow raised the possibility of seeking funding support from the Mayor's O of Children, Youth and Their Families.

Commissioner Barnes complimented the staff and Advisory Groups for their work. She requested information on the number of children tested by the Department of Public Health in relationship to the total number of children tested in the City.

Commissioner Terry encouraged the Department to make the case to HMO's that lead screening as a prevention tool should be part of managed care.

President Chow thanked the Department for accomplishments and collaboration with community organizations, other City agencies, and the Citizens Advisory Committees.

6) OTHER BUSINESS/PUBLIC COMMENTS*

Public Comment: Michael Petralis requested an AIDS annual report.

The Commission made special presentations to outgoing Commissioners Rebecca P. Castaneda, D.D.S., and Michael D. Shriver. Each Commissioner and Dr. Hernández expressed appreciation for all of their work during their tenure on the Commission.

The meeting was adjourned at 5:10 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

EXECUTIVE SUMMARY

I. OVERVIEW

A. Mission

The Childhood Lead Prevention Program (CLPP) was established in February 1993 as a result of Board of Supervisors legislation (*Comprehensive Environmental Lead Poisoning Prevention Program Ordinance, December 1992*). This ordinance created specific mandates for the Program, with the overall mission of both preventing and responding to childhood lead poisoning.

- Education and Outreach staff provide education in communities with the highest risk of childhood lead poisoning, in conjunction with many community-based organizations.
- Case Management, Surveillance and Environmental Investigation staff provide direct services to the families of those children already diagnosed with elevated blood lead levels, and collect and analyze all screening-related data.
- Administrative staff manage all functions which keep the program operational.

B. Driving Forces

Community activism to prevent childhood lead poisoning has continued to grow in the '90s, along with the onset of related litigation. CLPP continues to interact with and learn from many environmental justice and tenant advocacy groups who are deeply committed to this issue.

CLPP is unique in the scope of its mandate, the degree of oversight by citizen advisors, and the coordination needed with other City agencies. The December 1992 Comprehensive Environmental Lead Poisoning Prevention Program ordinance (now incorporated as Article 26, Sections 1601-1631 in the Health Code) created the CLPP, as well as three advisory committees which are staffed by the Program. They are:

- *The City Agency Task Force on Lead Issues*, which shares expertise and helps coordinate City Agencies lead hazard prevention efforts.

- *The Lead Poisoning Prevention Citizen Advisory Committee*, composed of 29 appointees, which provides oversight to the CLPP and other City agencies.

- *The Lead Hazard Reduction Citizen Advisory Committee*, composed of 21 appointees, which is drafting legislation for consideration by the Board of Supervisors, giving the Health Director detailed enforcement authority for case response.

C. Funding Sources

Four funding sources support the Childhood Lead Prevention Program:

- The Centers for Disease Control (CDC) supports five staff positions, and $10,000 in subcontracts to community-based organizations. Annual budget is $258,811.
- The State Department of Health Services (DHS) contract currently supports seven staff positions. Annual budget is approximately $649,000. This funding source is subject to a 30% reduction in FY 96 and 97, as well as a lawsuit currently on appeal which would eliminate the fee-based program.
- The Mayor's Office of Housing (MOH) Lead Hazard Reduction/ Primary Prevention Program memorandum of understanding supports one staff position in the CLPP, and the High Efficiency (HEPA) Vacuum Voucher Program. Total subcontracted over two years to CLPP is $70,000.
- The DPH General Fund supports 2 staff positions, with an additional 0.5 position backed by the Child Health Disability Prevention Program (CHDP).

II. ACCOMPLISHMENTS in 1995

A. Department of Health Services (DHS) Childhood Lead Poisoning Case Management Contract

- Implemented 1st round DHS Contract (FY92,93,94); moved to, furnished and computerized the program's first office; hired staff for six positions.
- Provided effective case management, with ongoing assistance of district-based public health nurses. Initiated Compliance Program in July '95 mandating remediation of lead hazards identified in the homes of lead-poisoned children.
- In coordination with the Child Health Disability Prevention Program (CHDP), initiated in-person outreach to medical providers to educate regarding CHDP screening guidelines and free CLPP case management services.
- Initiated city-wide Education and Outreach Plan components, as approved by DHS.

B. Centers for Disease Control (CDC) Childhood Lead Poisoning Prevention Grant

- Successfully applied for 4th year renewal of grant; hired staff for three positions.
- Expanded target areas beyond the Mission District, based on predicted risk map provided by Bureau of Epidemiology and Disease Control Bulletin, February '95.
- Provided culturally-specific community education and media outreach in English, Spanish and Cantonese languages, in collaboration with many community-based and public agencies.

C. Mayor's Office of Housing (MOH) Lead Hazard Reduction/Primary Prevention Program Grant

- By memorandum of understanding, provided 565 referrals to the newly formed Lead Hazard Reduction/Primary Prevention Program, consisting of all addresses known to be associated with elevated blood lead findings from 1991 through 1995.
- Established a high efficiency particulate air (HEPA) vacuum voucher program with MOH funds, and now offer all case families free rental of a HEPA vacuum available through Cole Hardware.

D. Health Code Article 26, Comprehensive Environmental Lead Poisoning Prevention Program

Section 1610-1611--Director to Prepare and Distribute Information Bulletin
Now accomplished in newsletter format as *The Word on Lead Prevention,* published 3 times a year. Winter '95 issue includes Spanish and Chinese translation inserts. Distribution included all groups mandated in Section 1611.

Section 1612--Use of Appropriate Languages
The low literacy brochure, *Stop Lead Poisoning—It's Possible,* is available in a bilingual format in English and seven languages. The State Childhood Lead Poisoning Prevention Branch and several other counties wish to reprint the brochure for their jurisdictions.

Section 1614--Information Provided to Building and Demolition Permit Applicants
CLPP staff drafted brochure contents for the Department of Building Inspection (DBI), which is now distributed by DBI Customer Service as part of the permit application process. CLPP also provided training to all DBI inspection staff in December 1995.

Section 1624--Program for Selection of High Priority Lead Reduction Areas
The February 1995 DPH Bureau of Epidemiology and Disease Control Bulletin contains the predicted risk map for childhood lead poisoning for San Francisco, utilizing 1990 census data on age of housing and young children living under the poverty level to predict three categories of risk. This publication established high priority areas for CLPP education and outreach efforts.

E. Awards

- **Mayor's Fiscal Advisory Committee, Public Managerial Excellence Awards for 1995**
  Nominee: Karen Cohn, Program Manager, Childhood Lead Prevention, Department of Public Health
- **California State Association of Counties, Challenge Awards for 1995**
  Nominee: Citizen Participation in Lead Poisoning Prevention Policy-Making, San Francisco City and County

III. WORKPLAN for FY 95-96

The CLPP Workplan includes seven goals:

1. **Increase Community Lead Poisoning Prevention Knowledge**
   Continue education on ways to prevent lead poisoning, focusing on high priority areas of the City. Fulfill all Health Code Article 26 mandates with respect to community-based education and outreach.

2. **Promote Primary Prevention and Source Reduction Activities**
   Continue specific primary prevention initiatives such as the HEPA vacuum voucher program, in collaboration with MOH, DBI, community-based agencies and the Citizen Advisory Committees.

3. **Increase Childhood Lead Screening**
   Continue outreach to medical professionals and institutions serving young children to promote appropriate testing.

4. **Effectively Collect, Analyze and Report Screening Data**
   Improve ability to receive data from State surveillance system. Provide biannual analysis of relevant indicators.

5. **Provide Effective Medical and Environmental Case Management Services**
   Provide effective medical and environmental case management services to clients. Continue development of compliance program correcting lead hazard findings.

6. **Notify Public of Publicly-Accessible Lead Hazards**
   Further the implementation of public notification and protection provisions mandated in Sections 1609, 1623 and 1625 of Health Code Article 26.

7. **Enhance the Ability of City Agencies to Prevent Lead Hazards**
   Assist other City Agencies to prevent lead hazards and childhood lead poisoning.

IV. HIGH PRIORITY AREAS AND THEIR CASE FINDINGS

San Francisco has implemented a childhood lead prevention program that follows essential public health practices to focus its efforts in the most effective manner.

A. Identifying High Priority Areas

As a first step, high priority areas were identified based on two 1990 US Census data records: 1) distribution of dwellings built prior to 1940, and 2) distribution of children under six years old with family income below the federally-defined poverty level. See the attached map *Predicted Risk for Childhood Lead Poisoning-San Francisco Census Tracts* for further detail.

B. Targeted Prevention Education and Source Reduction Activities

Education and outreach to offer lead hazard reduction services is targeted to all High Priority Areas, working in conjunction with community-based subcontractors from Mayor's Office of Housing HUD grant program. Physician outreach by the CLPP Case Manager is also conducted for private practitioners and medical institutions serving families living in the High Priority Areas.

C. Case Findings in High Priority Areas

The body of the report indicates Case Findings in the High Priority Areas.

V. CONCLUSION

A. Foundation

The Childhood Lead Prevention Program has been functioning for three years, and the foundation for each program component has been well established. Even though a tremendous amount remains to be accomplished, significant strides have been made in the areas of: case management and enforcement of associated lead hazard remediation, targeted culturally-specific education and outreach, initiatives to increase screening and better surveillance, and various planning and policy acitivities, such as work with the 3 lead committees. The CLPP has worked with a tremendous variety of community-based agencies, and continues to seek out new ones. Additionally, many links have been solidified between City agencies working towards the common goal of lead poisoning prevention.

B. Future Challenges

The next year presents new challenges to accomplishing the Program's mission. Emerging issues include the impact of MediCal managed care policy, the adoption of new lead regulations, and new funding constraints.

In the current fee-for-service health care scenario, there is no guarantee that medical providers will properly assess or order lead screening for children, according to the guidelines posed by CDC or the American Academy of Pediatrics. Even many of those providers accepting MediCal and CHDP reimbursement, who are dictated to by a court-ordered policy, do not provide assessment and screening according to the established protocol. CLPP's case manager has been told by individual physicians that in the future managed care way of doing business (i.e. capitated MediCal) there will be even less incentive for promoting childhood lead screening as a standard of care. That is because no additional compensation is provided for lab tests in the capitation rate.

New lead regulations are anticipated due to the mandates written into Health Code section 1608. The Lead Hazard Reduction Citizen Advisory Committee has been drafting case-response regulations with the help of the City Attorney's Office for the past two years, and plans to pass them in March 1996 to the Board of Supervisors for their adoption. There are many new administrative mandates contained in the package, including temporary relocation and rent escrow provisions, and complex cost passthrough issues.

In regards to maintaining the current staffing and programming provided by the CLPP, funding cuts have already been experienced. The Centers for Disease Control prevention grant to the CLPP decreased by $60,000 of non-personnel expenses and one halftime position between the 3rd and 4th year of CLPP's participation. In addition, the State Childhood Lead Program has already announced a 30% reduction in the industry fee-based awards to Counties contracted to provide case management services in FY 96 and 97.

If this fee-based program loses in its pending court appeal, San Francisco's CLPP would experience a complete loss of its major funding source (56% of the total budget). There is no way to predict when the court case will be finalized, and current City budget rules do not allow this expenditure to be requested until official notification of its loss has occurred.

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

L. LaMont Terry, D.M.D.
Commissioner

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

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AGENDA

HEALTH COMMISSION MEETING

April 2, 1996
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF SPECIAL MEETING OF MARCH 12, 1996 AND THE REGULAR MEETING OF MARCH 19, 1996

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Update on a renewal contract with the National Task Force on AIDS Prevention Kommunities of Kolor United Against AIDS (KOKUA) Collaboration, in the amount of $1,135,177 for the provision of psychosocial and prevention services, for the period of July 1, 1995 through June 30, 1996. (DPH contracted with National Task Force on AIDS for services totaling $1,940,216 during FY 1994-95).

(3.2) SFGH - Administration - Monthly update on a new contract with Results Unlimited, Inc., in the amount of $175,000, to provide customer relations services for the period of February 15, 1996 through June 30, 1996.

(3.3) Consideration of a site approval for South of Market Mental Health Services, which will be moving from 471 Jessie to a proposed site at 760 Harrison Street.

(This item will be continued to May 7, 1996.)

(3.4) **DPH** - Approval of Department's Annual Report of Memberships in professional organizations for FY 1995-96, and approval of resolution to the Board of Supervisors amending Administrative Code to add organizations to Department's list.

(3.5) **AB75 Project** - Request for supplemental appropriation to increase the State allocation of CHIP fund by $43,430 and to reallocate existing CHIP funds consistent with State legislation.

(3.6) **CHS-AIDS** - Renewal contract with Mission Neighborhood Health Center, in the amount of $286,595 to provide early intervention services for persons with HIV, for the period of July 1, 1995 through June 30, 1996. (DPH contracted with Mission Neighborhood Health Center for services totaling $691,246 during FY 1994-95).

(3.7) **CHS-AIDS** - Renewal contract with the University of California San Francisco Urban Health Study, in the amount of $501,947 to provide community-based AIDS prevention and education services to injection drug users, for the period January 1, 1996 through December 31, 1996. (DPH contracted with UCSF for services totaling $59,963,244 during FY 1994-95).

(3.8) **DMS-CSAS** - Sole source request and renewal of multiyear contract with the University of California AIDS Health Project in the amount of $75,000 per year, to provide substance abuse treatment services to people with HIV, for the period of July 1, 1995 through June 30, 1999. (DPH contracted with UCSF for services totaling $59,963,244 during FY 1994-95).

4) **DIRECTOR'S REPORT**
(Dr. Sandra R. Hernández, Director of Health)

5) **PRESENTATION OF THE 1995 ANNUAL REPORT OF THE DRUG ABUSE ADVISORY BOARD**

6) **OTHER BUSINESS/PUBLIC COMMENTS***

7) **EXECUTIVE SESSION:** **PURSUANT TO GOVERNMENT CODE SECTION #54956.9, CONSIDERATION OF A PROPOSED SETTLEMENT FOR EXISTING LITIGATION BY THE CITY AND COUNTY OF SAN FRANCISCO VS. DEPARTMENT OF HEALTH SERVICES, SUPERIOR COURT CASE #962-505, IN THE AMOUNT OF $27,225, FOR MEDI-CAL REIMBURSEMENT**

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

L. LaMont Terry, D.M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, April 2, 1996
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:10 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner Sharon Gadberry, Ph.D. Commissioner Roma P. Guy, M.S.W. Commissioner Lee Ann Monfredini
Absent:	Commissioner L. LaMont Terry, D.M.D.

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2) APPROVAL OF MINUTES OF THE SPECIAL MEETING OF MARCH 12, 1996 AND THE REGULAR MEETING OF MARCH 19, 1996

Action Taken: The Commission unanimously adopted the minutes of the special meeting of March 12, 1996, and the regular meeting of March 19, 1996.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Update on a renewal contract with the National Task Force on AIDS Prevention Kommunities of Kolor United Against AIDS (KOKUA) Collaboration, in the amount of $1,135,177 for the provision of psychosocial and prevention services, for the period of July 1, 1995 through June 30, 1996. (DPH contracted with National Task Force on AIDS for services totaling $1,940,216 during FY 1994-95).

Norm Nickens, AIDS Office, provided an update on the monitoring report for this contract.

Commissioner Monfredini requested an update in three months.

(3.2) **SFGH - Administration** - Monthly update on a new contract with Results Unlimited, Inc., in the amount of $175,000, to provide customer relations services for the period of February 15, 1996 through June 30, 1996.

Robert Christmas, SFGH Administrator, provided an update on this contract.

Commissioner Monfredini will be participating in the Customer Relations Monitoring Advisory Group.

(3.3) Consideration of a site approval for South of Market Mental Health Services, which will be moving from 471 Jessie to a proposed site at 760 Harrison Street.

This item will be continued to May 7, 1996.

(3.4) **DPH** - Approval of Department's Annual Report of Memberships in professional organizations for FY 1995-96, and approval of resolution to the Board of Supervisors amending Administrative Code to add organizations to Department's list.

This item was continued to a future meeting.

(3.5) **AB75 Project** - Request for supplemental appropriation to increase the State allocation of CHIP fund by $45,430 and to reallocate existing CHIP funds consistent with State legislation.

(3.6) **CHS-AIDS** - Renewal contract with Mission Neighborhood Health Center, in the amount of $286,595 to provide early intervention services for persons with HIV, for the period of July 1, 1995 through June 30, 1996. (DPH contracted with Mission Neighborhood Health Center for services totaling $691,246 during FY 1994-95).

Commissioner Monfredini noted the occasional lack of quorum of the Board of Directors.

(3.7) **CHS-AIDS** - Renewal contract with the University of California San Francisco Urban Health Study, in the amount of $501,947 to provide community-based AIDS prevention and education services to injection drug users, for the period January 1, 1996 through December 31, 1996. (DPH contracted with UCSF for services totaling $59,963,244 during FY 1994-95).

Commissioner Gadberry abstained from discussing or voting on this item due to conflict of interest.

(3.8) **DMS-CSAS** - Sole source request and renewal of multiyear contract with the University of California AIDS Health Project in the amount of $75,000 per year, to provide substance abuse treatment services to people with HIV, for the period of July 1, 1995 through June 30, 1999. (DPH contracted with UCSF for services totaling $59,963,244 during FY 1994-95).

Commissioner Gadberry abstained from discussing or voting on this item due to conflict of interest.

Action Taken: The Commission unanimously approved items #3.1, 3.2, 3.5 and 3.6.

Commissioners Chow, Barnes, Guy and Monfredini approved items #3.7 and 3.8. Commissioner Gadberry abstained on these items due to conflict of interest.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

ADMINISTRATION

Public Health Week

The theme of National Public Health Week, April 1-7, is "Celebrating Success". The Department of Public Health will use the theme to focus on success stories generated from community collaborations with Health Department programs. Of special interest this year will be recognition of the collaboration between the Bureau of Environmental Health's Lead Prevention Program and the media. KDTV Channel 14, KPSF Channel 26, the New Bayview News and the Independent will be honored for their contributions to lead poison prevention in San Francisco.

A "Celebrating of Success" event will be held on Friday, April 5, 1996 at Bernal Heights Neighborhood Center, from 2:00 to 3:30 p.m. The celebration will highlight successes in public health programs such as Tobacco Control, Childhood Immunizations, Black Infant Health, Tuberculosis Control, Injury Prevention, and Environmental Health. The public is invited to attend.

Update on Adult Sexual Assault Services

DPH signed a Memorandum of Understanding (MOU) with the Commission on the Status of Women to provide advocacy and accompaniment services to adult survivors of sexual assault. This MOU was developed in response to the Joint Health Commission/Commission on the Status of Women hearings held October 17, 1995 and represents a first step toward developing a more coordinated and integrated system of care city-wide for adult sexual assault survivors.

SAN FRANCISCO HEALTH AUTHORITY

Medical Director San Francisco Health Plan

The San Francisco Health Authority just hired Dr. Sophia Chang as Medical Director for the Plan. Dr. Chang has an exceptional record as a clinician, academician and researcher. As a physician participating in various health plans, Dr. Chang is familiar with the needs of patients and providers in managed care. Her advocacy on behalf of both patients and providers will ensure the San Francisco Health Plan is user friendly and maintains the highest standards of quality.

Dr. Chang also serves on the faculty of the University of California San Francisco in the division of General Internal Medicine. She devotes significant time to breast cancer research at the Medical Effectiveness Research Center for Diverse Populations. Prior to joining the faculty at UCSF, Dr. Chang was responsible for the administration of health services for persons with HIV and AIDS for the San Francisco Department of Health and served as a consultant to the Secretary of the U.S. Department of Health and Human Services for the review of national HIV prevention projects within the U.S. Public Health Service.

Dr. Chang completed her undergraduate degree at Amherst College, her medical studies at the College of Physicians and Surgeons of Columbia University, and her post graduate studies at the University of California at the San Francisco and Berkeley Campuses.

STATE ISSUES

Transitional Care Program

In the FY 1995-96 budget, the State developed a Transitional Care Program (TIC) for inpatient reimbursement. Transitional Care is a level of care created for medically stable patients, 18 years old and above, requiring "short term medically complex and/or intensive rehabilitation services". The program may be provided utilizing an acute or nursing facility license for medical transitional care, rehabilitation transitional care, or both. Once the State Department of Health Services has entered into a contract for Transitional Care, all acute hospitals in the region will be required to review MediCal patients' level of care to determine if Transitional Care is appropriate. Transitional Care reimbursement is set at $333.72 per day, which is significantly less than the reimbursement for acute care provided at San Francisco General Hospital, and higher than the reimbursement for skilled nursing care provided at Laguna Honda ($215 per day).

The Department's Joint Hospital Committee which is chaired by Dr. Mary Anne Johnson, is reviewing the State's preliminary guidelines for this program, and measuring its impact on the service delivery system and the Department's revenue estimates from MediCal. We anticipate that once implemented, some patient days which are currently reimbursed at the acute care level will be reduced to Transitional Care reimbursement, thus reducing the SFGH revenues. At Laguna Honda, reimbursement for some patient days may be increased from skilled nursing to Transitional Care. However, we estimate that the TIC Program will result in a net reduction of revenues Department-wide. We have tentatively estimated this loss at $4.0 million a year.

It should also be noted that SEIU initiated State legislation (AB 2341), which specifies staffing levels for the TIC Program. This bill is currently pending in the State legislature. We will be meeting with Labor representatives regarding this program and joint strategies we may be able to undertake in response to this "new level" of care.

I will keep the Commission informed on the State's implementation of the program, and the impact it will have on the Department's system of care and on revenue projections.

SAN FRANCISCO GENERAL HOSPITAL

SFGH SNF

The OBRA Certification Survey Plan of Correction was submitted to the State Department of Health Services last week. We are waiting for HCFA approval.

We are currently evaluating our acute SNF Unit in anticipation of implementation of the Transitional Care Program. Admission criteria to the SFGH SNF is currently under review. Analysis includes a retrospective evaluation of the first three months of operation and comparison with the newly defined TIC criteria published by DHS.

Critical Care Diversion Statistics

March 1 through 30, 1996, Critical Care Diversion was at 15.2% (112 hours 45 minutes). Emergency Department Diversion for the same period was 0.7% (4 hours 55 minutes).

The average census at time of diversion was 21.9 patients.

LAGUNA HONDA HOSPITAL

Mayor Brown Visits Residents at Laguna Honda Hospital

Tony Wagner and Charles Levinson hosted a visit by Mayor Brown to Laguna Honda Hospital on March 22nd. Mr. Levinson is a Laguna Honda resident who invited the Mayor to the hospital. The Mayor toured several units in the main building including the AIDS and Hospice Units. He also visited Clarendon Hall, the Head Trauma Program and the Adult Day Health Care Program. The Mayor was enthusiastically welcomed by residents and staff.

Annual Licensing and Certification Resurvey Update

The District Licensing and Certification Office (L&C) has notified Laguna Honda of the results of its annual resurvey. According to the report, which is for HCFA recertification, no substandard care was identified and all deficiency plans of correction were acceptable. The L&C Recommendation qualifies LHH to continue to receive Medicare and Medicaid reimbursement.

COMMUNITY SUBSTANCE ABUSE SERVICES

Status Report on the Methamphetamine Problem in San Francisco

Recently several news stories have appeared about methamphetamine labs and the role methamphetamine/speed plays in the drug scene. A cover story in the March 25th S. F. Chronicle described the manufacturing, sale and use of this drug in relation to the alleged kidnapping, drugging and raping of 14 year old Raina Bo Shirley in Mendocino County.

Yesterday, Supervisor Susan Leal introduced a request for hearing on the methamphetamine issue. The hearing is tentatively scheduled for the Health and Public Safety Committee May 2nd. The Department felt it was prudent at this time to provide a detailed update on the methamphetamine epidemic and then examine San Francisco specific problem indicators.

1. Background

A new study entitled, "Methamphetamine: A Growing Threat to California," was completed and released by California's Alcohol and Drug Program's Research and Policy Analysis Branch in November. Findings indicate that California is experiencing an alarming and dramatic rise in methamphetamine (meth) use, especially among teens and young adults. The use is spreading to all socioeconomic classes, women and ethnic minorities.

Meth use increases the risk of HIV/AIDS and other infections. Acute and chronic use is highly toxic: the body essentially burns itself up. Death from overdose is common. Dependence occurs swiftly and users seek higher doses and quicker highs. Chronic users often develop multiple drug dependencies (using marijuana or alcohol) to combat meth's side effects.

Nationally, meth production is a $3 billion a year industry, constantly expanding, with no end in sight. Experts believe meth will soon surpass cocaine because of cost, availability, ease of transport, effects and duration of the high. It costs $700 per pound to produce meth which then sells for $225,000. This provides a great profit margin, with room for reductions to improve competitiveness with the cocaine market. Users literally get "more bang for the buck" a high of 10-12 hours versus cocaine's 45 minutes. Additionally, a shift in production methods has rendered California's product more potent (and toxic), with a higher purity rate.

The danger of meth production to the environment is legendary and often has deadly consequences. There is great potential for chemical spills, fires, explosions and long-term contamination of entire neighborhoods with commensurate significant adverse effects on public health. Most significant is the possibility of people being acutely injured due to massive chemical exposure.

The most important factor in determining a community's risk for meth abuse is the presence of local clandestine labs that produce the drug. California has and seizes more meth labs than all other states combined. Over the 11-year period of 1984-1994, the number of labs seized in California increased by 296%, resulting in a decrease in the number of labs trying to operate. But even though the number of labs have decreased due to law enforcement's efforts, data indicates that from 1990 to 1994, the amount produced per lab increased by a dramatic 67%.

2. *San Francisco Indicators*

- Clandestine Labs
  According to Arnold Gin of the Bureau of Narcotics Enforcement, clandestine labs in San Francisco are categorized as "bathtub" labs. They are small operations setup quickly in apartments or hotel rooms which produce small quantities of methamphetamine over a three to four day period. These are often one time labs where premises are usually abandoned after manufacturing and then reported to SFPD by landlords. A larger operation lab was seized in the Mission last year, but because of strong chemical odors produced by larger labs, rural communities have been better manufacturing sites. Urban counties have witnessed a 134% increase in speed treatment admissions while rural counties had a 160% increase from 1990-91 to 1993-94.

- Drug Treatment
  CSAS served 769 clients in 1994-95 who reported speed as their primary drug problem. This was a 60% increase from 1991-92. Speed, as a primary problem has represented an increasing percentage of total clients served: 3.5% of clients in 1991-92 compared to 5.7% of clients in 1994-95. In 1994-95, 45% of primary speed users were served in outpatient programs, 26% in residential, 25% in prevention/youth and 6% in day care rehabilitative. Speed clients represent 7.2% of all outpatient clients. Approximately an additional 700 clients reported speed as a secondary drug problem.

  Approximately 88% of speed clients are male, 12% female. 70% prefer injection as a route compared to 20% who inhale. 13% of clients are aged 18-25 with an additional 54% aged 26-34. Whites comprise 76% of speed clients (compared to 80% statewide, while 15% are African-American, 5% Latino and 3% Asian/PI.

- Prevalence Rates
  The 1992, UCSF Home Health Study estimated that 4% of unmarried residents of high risk neighborhoods, aged 18-44, had used methamphetamines in the last year. Rates in the Western Addition were slightly higher at 6%. All of these rates are assumed to have increased dramatically since then, because of the rising cost of cocaine. Methamphetamines have been labeled the "poor man's cocaine".

- HIV Seroconversion Rates
  San Francisco speed injectors entering drug free detox from 1990-94 had the highest HIV seroprevalence as compared to other injectors. 21% of amphetamine injectors were HIV(+) as compared to 13% of heroin-cocaine injectors (speedballs) or 8% of cocaine injectors. For non-injectors, 36% of speed users were HIV(+). This may be related to the high proportion of gay men who used speed, 21% in 1991.

- Emergency Rooms (ER)
  San Francisco ranks No. 1 in the U. S. among metropolitan areas for rates of speed ER mentions. A total rate of 41 speed caused ER visits per 100,000 in population. This averaged approximately 300 ER visits per year due to speed use.

- Coroner's Deaths
  The SF Medical Examiner's Office witnessed a 106% increase in amphetamine caused deaths from 1992-93 to 1993-94. There were a total of 57 cases positive for amphetamines, a 58% increase from the previous year.

The Department will be designing a plan of action to address these epidemiolgic drug trends. We will report back to the Commission when this is completed.

FORENSIC SERVICES

Report on Consent Decree Hearing

On March 21st a hearing was held in Federal District Court regarding the Consent Decree at County Jail No. 1. The City and County was found to be in compliance with most of the provisions of the decree, including those concerning overcrowding and the utilization of safety cells. With respect to the provision of medical and mental health services in the jails, the Court ruled as follows:

- The City and County does not have to construct respiratory isolation rooms at County Jail No. 1, since patients with infectious tuberculosis are housed at SFGH.

- The California Medical Association's (CMA) Standards for Health Services in Adult Detention Facilities will govern the provision of medical and mental health services in the county jails. This is particularly good news because the current CMA standards are less onerous than the correctional health care standards previously submitted to the Court. It is anticipated that the Forensic Services Division will achieve CMA accreditation within the next twelve months.

- The Long Term Medical Plan will be modified to replace the expensive and time-consuming fourteen day health appraisals with fourteen day health inventories and communicable disease screenings, as required by the CMA.

The Court failed to terminate provisions of the Long Term Medical Plan relating to the renovation of the Women's Clinic at County Jail No. 1 and the licensing of beds on the Medical/Mental Health Unit at County Jail No. 8. However, it appears that the Court may be willing to consider a more comprehensive motion to modify the licensing provision.

The Court deferred action on issues related to the provision of intake screening in a private setting, and discharge planning, until the opening of County Jail No. 9, the new intake and release facility. This is now tentatively scheduled for September of FY 1996-97.

DIVISION OF MENTAL HEALTH SERVICES

Update on Site Approval for the South of Market Clinic

Mental Health has held a number of meetings with the community over the course of the last month. In response to concerns from some of the neighbors regarding the proposed facility for the South of Market Clinic, the staff from Mental Health has suggested the formation of a Neighbors Advisory Committee to work with the Division of Mental Health.

Regional School Based Mental Health Services
On Friday, March 29, the Division of Mental Health, in conjunction with the S.F. Unified School District, hosted a Regional School Based Mental Health Services Gathering at McKinley Elementary School. Approximately 110 mental health providers, teachers and administrators from four regional counties attended the event.

OCCUPATIONAL SAFETY AND HEALTH PROGRAM

Asbestos Contamination - Department of Social Services
On March 20th, the Department's OSH unit responded to an asbestos contamination at the Department of Social Services facility located at 1440 Harrison Street. Vickie Wells, Director of OSH, and David Rizzolo, Manager of the Asbestos Program, were contacted by Cal-OSHA to investigate asbestos that had settled in the office building from a roof removal by a private contractor back in October 1995.

Based on extensive sampling data, the team determined that employees were not currently exposed to hazardous levels of airborne asbestos. However, asbestos-containing dust was found on high ledges and inside the ventilation system. To prevent any further exposures, DPH staff recommended that the services of a licensed asbestos contractor be secured for clean up and employees relocated during the process. This event received press coverage in the March 23rd Chronicle.

An open forum was conducted to help allay employees' concerns regarding the short and long term exposure risks. Dr. Nelius Scannell, Medical Director, San Francisco Occupational Health Services Clinic, participated as an expert in pulmonary medicine.

Commissioner Monfredini requested general information on the Transitional Care Program developed by the State for inpatient reimbursement.

5) PRESENTATION OF THE 1995 ANNUAL REPORT OF THE DRUG ABUSE ADVISORY BOARD

Tony Leone, President of the San Francisco Drug Abuse Advisory Board, presented an overview of the 1995 Annual Report which included:

Membership
Organizational Structure
Mission Statement
Duties of the Board
1995 Board and Committee Activities
Funding Priorities for 1996-97

Commissioner Barnes thanked the DAAB for its commitment and hard work, especially their site monitoring visits to review program contract compliance. The DAAB reports help the Commissioners in their review of contract renewals.

President Chow encouraged the DAAB to continue its discussions with the Alcohol Advisory Board on the possibility of merging the two Boards.

6) OTHER BUSINESS/PUBLIC COMMENTS

None.

7) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54956.9, CONSIDERATION OF A PROPOSED SETTLEMENT FOR EXISTING LITIGATION BY THE CITY AND COUNTY OF SAN FRANCISCO VS. DEPARTMENT OF HEALTH SERVICES, SUPERIOR COURT CASE #962-505, IN THE AMOUNT OF $27,225, FOR MEDI-CAL REIMBURSEMENT

Action Taken: The Commission unanimously approved the proposed settlement for Medi-Cal reimbursement.

Action Taken: The Commission unanimously decided to disclose no information to the public.

The meeting was adjourned at 4:20 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
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San Francisco, CA 94102

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HEALTH COMMISSION
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Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

April 16, 1996
3:00 P.M.
at
101 Grove Street, Room #300
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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF APRIL 2, 1996

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) CPHS-EMSA - Combined request to apply for retroactively, and accept and expend a new grant in the amount of $100,000 for implementation review and upgrade of the Emergency Medical Services for Children program for the term of June 24, 1996 through June 25, 1997, and a sole source approval for a renewal contract with UCSF in the amount of $48,000 for the period of June 24, 1996 through June 25, 1997. (DPH contracted with UCSF for services totaling $59,963,224 during FY 1994-95).

(3.2) CPHS-EMSA - Request for approval of a contract, including a hold harmless provision, between the City and County of San Francisco Department of Public Health and the Seattle-King County Department of Public Health for the use of Dispatch Guidelines and Instructions, in the amount of $25,000 for the period of April 15, 1996 through April 15, 1999.

(3.3) C.O.-Administration - New contract with San Francisco Health Authority in the amount of $540,000 to develop a managed care plan to serve Medi-Cal beneficiaries in San Francisco, for the period of May 15, 1996 through May 14, 1997.

(3.4) **DPH** - Approval of Department of Public Health's Annual Report of Memberships in Professional Organizations for FY 1995-96, and approval of a resolution to the Board of Supervisors amending the Administrative Code to add organizations to the Department's lists.

(3.5) **DMS/SFGH** - Consideration of a supplemental reappropriation in the amount of approximately $625,000 to transfer existing funding from contractual services to personnel and other operating accounts to fund the start-up of the Mental Health Rehabilitation Facility in the FY 1995-96

4) **DIRECTOR'S REPORT**
(Dr. Sandra R. Hernández, Director of Health)

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING PROCESS**

6) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commissio**

Disability Access

Room 300; 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas Lee Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

L. LaMont Terry, D.M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, April 16, 1996
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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/16/96

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by Vice President Debra Barnes at 3:05 p.m.

Present:	Commissioner Debra A. Barnes Commissioneer Thomas Lee Eades Commissioner Sharon Gadberry, Ph.D. Commissioner Roma P. Guy, M.S.W. Commissioner Lee Ann Monfredini Commissioner L. LaMont Terry, D.M.D.
Absent:	Commissioner Edward A. Chow, M.D.

Vice President Barnes welcomed our new Health Commissioner Thomas Lee Eades, who was sworn in by the Mayor on Monday, April 15. Commissioner Eades is the Regional Coordinator for the Institute for Community Health Outreach, a statewide AIDS organization for outreach, training, information, education, and counseling.

President Chow is appointing Commissioner Eades to the CARE Council as the Health Commission representative on the Council.

Vice President Barnes reported that Dr. Sandra Hernández is attending the two-day Economic Summit. Her Executive Assistant, Anne Kronenberg, is here to present the Director's Report to the Commission.

2) APPROVAL OF MINUTES OF THE MEETING OF APRIL 2, 1996

Action Taken: The Commission unanimously adopted the minutes of April 2, 1996.

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) CPHS-EMSA - Combined request to apply for retroactively, and accept and expend a new grant in the amount of $100,000 for implementation review and upgrade of the Emergency Medical Services for Children program for the term of June 24, 1996 through June 25, 1997, and a sole source approval for a renewal contract with UCSF in the amount of $48,000 for the period of June 24, 1996 through June 25, 1997. (DPH contracted with UCSF for services totaling $59,963,224 during FY 1994-95).

Commissioner Gadberry abstained from discussing or voting on this item.

(3.2) CPHS-EMSA - Request for approval of a contract, including a hold harmless provision, between the City and County of San Francisco Department of Public Health and the Seattle-King County Department of Public Health for the use of Dispatch Guidelines and Instructions, in the amount of $25,000 for the period of April 15, 1996 through April 15, 1999.

(3.3) C.O. - Administration - New contract with San Francisco Health Authority in the amount of $540,000 to develop a managed care plan to serve Medi-Cal beneficiaries in San Francisco, for the period of May 15, 1996 through May 14, 1997.

Commissioner Barnes abstained from discussing or voting on this item.

(3.4) DPH - Approval of Department of Public Health's Annual Report of Memberships in Professional Organizations for FY 1995-96, and approval of a resolution to the Board of Supervisors amending the Administrative Code to add organizations to the Department's lists.

Monique Zmuda, Chief Finance Officer, reported the total amount for membership in FY 1995-96 was $180,000 and for FY 1996-97, it is $186,000.

Commissioners pointed out that the benefits from these memberships far outweigh the costs for these memberships.

(3.5) DMS/SFGH - Consideration of a supplemental reappropriation in the amount of approximately $621,105 to transfer existing funding from contractual services to personnel and other operating accounts to fund the start-up of the Mental Health Rehabilitation Facility in the FY 1995-96.

Commissioners were pleased to see this action as a step towards opening the new Mental Health Rehabilitation Facility.

Action Taken: The Commission unanimously approved #3.2, 3.4 and 3.5

Action Taken: Commissioners Barnes, Eades, Guy, Monfredini and Terry approved #3.1. Commissioner Gadberry abstained.

Commissioners Eades, Gadberry, Guy, Monfredini and Terry approved #3.3. Commissioner Barnes abstained.

4) DIRECTOR'S REPORT

(Anne Kronenberg, Executive Assistant to the Director)

FEDERAL LEGISLATION

Denying and Eliminating SSI Benefits for Substance Abuse Disabilities

On March 29, 1996 President Clinton signed into law amendments to the Social Security Act which will eliminate disability benefits and Medicaid/MediCal to people who suffer from addiction.

Current SSI/SSDI Recipients

Benefits Terminated

- People already on Social Security Income (SSI) and Disability Insurance (DI), for which drug/alcohol addiction was a contributing factor to the finding of a disability will have cash and healthcare **benefits terminated January 1, 1997**.

Help Your Clients Reapply Now

- People who have disabilities other than substance abuse should reapply now because applications must be complete by **July 28, 1996**.
- For those who submit complete applications by July 28, 1996, the Social Security Administration must complete the new medical determination by January 1st, so that if recipients are eligible once again, there will be no lapse in cash and healthcare benefits.

New Applicants

Substance Abuse No Longer A Disability

- Those individuals who apply for benefits or were approved for benefits on or after March 29, 1996 will be **denied eligibility** if drug/alcohol addiction is a contributing factor to the finding of a disability. These individuals may reapply if they have any disability besides substance abuse, for example physical and mental disabilities.

In addition to these provisions, the Social Security Administration has been provided additional funds through the year 2002 for the purpose of conducting reviews and disability eligibility redeterminations. It is the administrations goal to reduce the SSI caseload by 14% and terminate benefits for 196,000 individuals.

For the sake of clients and for our agencies who rely on MediCal revenue, it is important to ensure that recipients reapply as soon as possible for SSI. Those not eligible for SSI will also become ineligible for MediCal, a major treatment funding source.

ADMINISTRATION

1996 State of the City, Public Health Address

Yesterday I delivered the First Annual State of the City, Public Health Address, to the full Board of Supervisors. I took the opportunity to touch on State and Federal policy trends, economic and regulatory changes and key public health economic indicators for San Francisco. The entire Executive Staff and Ms. Mori were in attendance. Feedback from Board members was very positive. My special thanks to Melange Matthew's of Planning who prepared the report. Each Commissioner received a copy of the report for review.

Appointment: Women's Services Coordinator

As I stated at the last Commission meeting, DPH signed an MOU with the Commission on the Status of Women to provide services to adult survivors of sexual assault. This was a product of the Joint

Health Commission/Commission on the Status of Women (COSW) meeting last Fall. As a further outgrowth of the Joint Commission meeting, I have asked Kate Monico Klein to join my office as the DPH Coordinator of Women's Services. Kate will make the transfer from her current position as Assistant Director of Forensic Services May 1st. In her new role she will be responsible for the coordination and linkage of DPH women's focused programs, act as liaison to COSW and develop new women's initiatives for the Department.

BUDGET

FY 1996-97 Budget Update

At the request of Margaret Kisliuk, the Mayor's new Finance Director, the Department's Executive Budget Committee met this month to review and prioritize the Department's "above base" budget requests. Ms. Kisliuk suggested the Department identify initiatives to fund through the savings achieved from proposed staffing reductions. The list totaling $3.7 million includes: continuation of four federal substance abuse grants which expire in June; core public health functions, including the breast cancer project and staffing for EMS; initiatives related to the Homeless Continuum of Care plan, including an integrated services team and supportive housing for Mental Health clients; restructuring the Medical Staff Office at San Francisco General Hospital; and actuarial analysis costs related to managed care.

A second list identifies high priorities the Department proposes to fund with new revenues and existing funds, including carry-forward dollars. This lists includes Department-wide MIS needs and managed care/integrated delivery system expenses.

Lastly, the remaining budget requests were sorted into higher and lower priorities. We identified a reduction in our salary savings requirement, relocation costs at SFGH and new vehicles as low priorities.

MANAGED CARE

Medi-Cal Managed Care Appeals

As you know, the State Department of Health Services recently announced its decision on commercial plan contract awards under Medi-Cal Managed Care. Several managed care plans filed appeals contesting the State's commercial plan contract awards. The appeals were filed in seven counties: (1) Fresno County, (2) Kern County, (3) Los Angeles County, (4) Riverside County, (5) San Bernardino County, (6) San Joaquin County and (7) Stanislaus County.

In five of the counties the original award made by the State Department of Health Services was upheld. In two counties, San Joaquin and Stanislaus, the appeal was granted and the contract award was changed. Specifically, in those counties Omni HealthCare appealed the State's award of the contract to CaliforniaCare (Blue Cross). Based on the State's review of the application, Omni's score was re-assessed and adjusted. This adjustment resulted in it becoming the contract winner in those counties.

In San Joaquin County the contract is worth approximately $380 million, and in Stanislaus County the contract is worth approximately $300 million. California Care (Blue Cross) may request a review of the State's decision by April 23, 1996. We will keep the Commission apprised of any new developments in this matter.

Community Needs Assessment

The Department continues to work collaboratively with San Francisco hospitals, the Hospital Council of Northern and Central California, the United Way and the Northern California Council for the Community following the completion of the SB 697 Community Needs Assessment process.

The collaborative is sponsoring a citywide community forum, "Building A Healthier San Francisco," to be held on April 18, 1996. I will co-chair the event with Martin Diamond, Director of Mt. Zion/UCSF. Numerous private and public agencies have been invited to the event including community based organizations, foundations, health and human services departments, the Board of Supervisors and the Mayor's Office. The forum will be the first major step toward working with communities to develop collaborative initiatives to address community health needs.

The forum is intended to advice consumers and constituents of the needs assessment findings, elicit feedback, validate the findings, and begin identifying individuals and organizations interested in working collaboratively with hospitals to address the identified needs. All hospitals have agreed to collaborate on developing at least one project in response to the needs assessment. In addition, private hospitals will begin developing their individual Community Benefits Plans tailored to their specific communities as required by SB 697.

SAN FRANCISCO GENERAL HOSPITAL

San Mateo County Trauma Center Designation

The Hospital Consortium of San Mateo County has recently formed a sub-committee to study the County's system wide Trauma Plan and to explore changes to existing trauma destination policy. Currently, there is no designated Trauma Center in San Mateo County but rather all hospitals are designated as "Trauma Receiving". Trauma patients who are within a specified distance of Stanford University Hospital are transported to that Center, and Northern County trauma patients are sometimes transported to SFGH. Under consideration are the following: (1) leave the system unchanged; (2) designate a North and South County Trauma Center; (3) designate a Central and South Center; (4) designate only a South Center and identify a hospital in the Central County area as a Trauma "Treat and Transfer" Center. SFGH may be considered as the North County option, and Stanford, with their helicopter LifeFlight Program, is definitely considered the South County or "Only Trauma Center" option. I will keep the Commission informed of San Mateo's deliberations.

SFGH Garage

The Mayor's Office held a meeting last week with representatives from SEIU, the Department of Parking and Traffic, and SFGH to discuss the rate structure of the planned SFGH Parking Garage.

SEIU put forward a sliding fee proposal with the lowest parking rate linked to the cost of a MUNI Fast Pass. SEIU's proposal would guarantee the low parking rates to lower income staff and part-time staff. In addition, the proposal would place limitations on access to low cost parking spaces for high income staff. The Mayor's Office asked Parking and Traffic and SFGH to evaluate the proposal for deliverability and revenue impact.

Initial estimates of the budgetary impact of such proposals indicate that the subsidy to the Garage would increase from the latest estimate of $800,000 to approximately $1.4 million. It is expected that this subsidy will be covered by Parking Meter Revenue Funds which will reduce otherwise available funds to the General Fund. This proposal still will require Board of Supervisors approval.

Update on Transitional Care (TIC)
As stated in the last Director's Report, the State developed a Transitional Care Program for inpatient reimbursement in this years budget. Last week, SFGH received a letter from the State notifying us that the San Francisco Convalescent Hospital would begin TIC admissions April 15. Now that the State has entered into a TIC contract, hospitals will be required to transfer patients meeting TIC criteria to institutions with TIC beds. The SFGH/LHH Linkage Committee (chaired by Dr. Mary Anne Johnson) met and agreed SFGH should apply immediately for 10 TIC beds in their Med/Surg Unit to ensure no patient transfers. The SFGH Letter of Intent was submitted last Thursday. While there may be significant impact at SFGH, at this time it looks like Laguna Honda Hospital will be minimally affected by the change.

The Department is working on development of legislative strategies with affected parties to respond to TIC without impacting our reimbursement levels. We will continue to keep the Commission informed of developments in this area.

Critical Care Diversion Statistics
Critical care diversion for the period April 1 through April 15, 1996 was 44.6 [illegible] 160 hours and 22 minutes). The Emergency Department was on diversion for 2.8% (10 hours and 13 minutes).

LAGUNA HONDA HOSPITAL

LHH Employee Receives City-Wide Award

Mr. Joe Brown, an Assistant Porter Supervisor, and an employee of 17 years, was recently recognized for his excellent work in recycling large volumes of paper generated at the Hospital. Chief Administrative Officer William Lee presented a special certificate to Joe at an awards assembly on April 11, 1996.

The Department extends congratulations to Joe for his fine efforts.

COMMUNITY PUBLIC HEALTH SERVICES

Appointment

We are pleased to announce the appointment of Leigh Kimberg, M.D., as Domestic Violence Coordinator for CPHS. Dr. Kimberg is an attending physician at Maxine Hall Center and is on the clinical teaching faculty at SFGH. This position was designed to improve the response of DPH to victims of domestic violence. As Domestic Violence Coordinator, Dr. Kimberg will facilitate the development and institutionalization of domestic violence training, policies and procedures.
Dr. Kimberg will report directly to David Ofman.

Immunization Rates
On April 11, the San Francisco Chronicle printed an article comparing immunization rates in various urban areas with the Healthy People 2000 goal of 90% for all children up to the age of two years old. While no cities have yet met that goal, it appeared that some cities, such as Boston at 87%, were getting close. San Francisco was not included in the comparison, but elsewhere in the article our rates were cited as "hovering around 50%." With such poor performance in an area of basic prevention efforts, I thought it was important to highlight a few difficulties in the comparison as well as suggest a more complete presentation at a future date.

The CDC study described in the article was a telephone survey of children up to the age of three conducted during the past year. The last survey in San Francisco was a retrospective kindergarten study covering immunizations for children who were two years old in 1990, which was the basis of the 50% figure. Our communicable disease office just completed a similar retrospective kindergarten study of children who were two years old in 1992, but the results will not be available for a couple of weeks. Not only was the CDC study surveying children who were a year older, but they were conducting the study five years after the base year the article used for comparison in San Francisco. In addition to the differences in ages of children and years surveyed, there are other concerns about the comparability of methods. For example, the last survey of cities conducted by the State of California showed Los Angeles with an immunization rate of 60%, while the CDC study shows a rate of 76%.

There are very likely other population factors that can explain variations between cities, such as the size and diversity of immigrant populations, including the number whose primary or only language is other than English and the number who are recent immigrants.

Neither methodological nor population factors, however, is meant to justify unacceptable immunization rates. They merely represent public health challenges related to data collection and effective outreach. To give you some measure of our progress and plans in meeting this challenge, the Department will be scheduling a public meeting with the Commission on this item. The meeting will be calendared as soon as we have reviewed our latest survey data and have developed appropriate initiatives to improve these rates.

BUREAU OF EPIDEMIOLOGY, DISEASE CONTROL AND AIDS

Necrotizing Fasciitis

To date, in 1996, San Francisco General Hospital has experienced 17 cases of necrotizing fasciitis, more commonly known as flesh eating disease, compared to 22 cases for all of 1995. All of these cases have occurred in injection drug users. After investigation of the problem we have determined it is likely associated with contaminated black tar heroin and with previous problems in the state of wound botulism and severe cellulitis. In an effort to warn injection drug users of this new health hazard, the Department:

- sent a letter and flyers to all drug treatment programs,
- distributed flyers in community clinics,
- distributed flyers at needle exchange locations, and
- posted flyers on the street warning of the situation.

We are encouraging people to use clean needles and to seek early treatment at any signs of infection. Physicians at San Francisco General Hospital have been alerted to the problem. We are working with the State Lab to try to culture the heroin for the organism clostridium sordellii, to see if we can isolate the cause of the infection.

COMMUNITY MENTAL HEALTH SERVICES

Transition Services Pilot

Jack Rabin and Esperanza Echavarri have been leading a planning process for the development of transitional services targeted to adolescents and young adults 16-22 who are currently involved with Community Mental Health Services. The first step in planning is to develop a pilot project in the Mission District which includes adolescent and adult DMS services. A referral process and transitional services will be developed to enable youth access to supported housing, education, employment, substance and mental health resources. The pilot is currently recruiting for a project coordinator, youth and/or parent to serve on the Planning Committee.

Foster Care Mental Health Program

The Foster Care Mental Health Program recently hired a new director, Dr. Denise Jones, who will be operating from two offices: 3450 Third Street, and San Francisco General Hospital. The unit provides consultation, assessment, urgent care/bridge services, referral and prevention services for foster care and in-home dependent children.

Psychiatry Integration Projects

I want to report on two primary care/psychiatry integration projects the Department began last July. One involves a partnership between the Maxine Hall Health Center and Westside Community Mental Health. The Medical Director of Westside, Dr. Donald Tarver, served on site as a consultant at the Health Center. The doctor found a high rate of utilization of his services; seeing patients who otherwise would not or could not access psychiatric treatment.

Across town in the Sunset, a fourth year psychiatric resident from UCSF, Dr. Laura Roebuck, integrated into the staff of Ocean-Park Health Center. She has served as a consultant to the staff at the Health Center, and treated depressed clients. A proposal is under development to expand this project to the remaining Health Centers.

COMMUNITY SUBSTANCE ABUSE SERVICES

San Francisco Court of H.O.P.E. Drug Court

On Friday, April 12, the San Francisco Target Cities' Court of H.O.P.E. Drug Court celebrated its first annual graduation held for participants completing one year in the project. The graduation ceremony also marked the successful completion of the Drug Court's first year. Prior to the ceremony, District Attorney Terence Hallinan stood before Judge Lillian Sing requesting that she dismiss the drug charges for the ten participants who completed a full year of treatment.

This remarkable project is funded through the San Francisco Target Cities Project, a division of the Department of Public Health's Community Substance Abuse Services. It is managed through the collaboration of the Department of Public Health, Sheriff's Office, District Attorney's Office, Public Defender's Office, Adult Probation Department, Municipal Court and a variety of substance abuse treatment service providers. Services include Conflict Resolution, Anger Management, Relapse Prevention, Life Skills, and Acupuncture. Target Cities also works with the Sheriff's Office's Post Release Education Program (P.R.E.P.) which allows the Court of H.O.P.E. participants to utilize the Learning Lab where clients can learn computer skills, resume writing or complete their G.E.D.'s. Target Cities provides to the P.R.E.P. clients complete substance abuse assessments, substance abuse pre-treatment services and treatment placement referrals.

The purpose of this project is to provide substance abuse treatment instead of a jail sentence to substance abusers who have entered the criminal justice system as a result of their substance abuse problem. Ten people graduated from the Court of H.O.P.E. with one year of recovery, computer skills, and basic life skills that will allow them to become a part of society. Some have jobs, some are working with staff to obtain jobs. One man entered the project after spending four months sitting in jail. He arrived angry and was argumentative with the staff, but he truly wanted to change his life. After one year, he learned how to manage his anger, handle conflicts without violence, became a real model to other clients, currently works as a volunteer with youths, and will soon return to his trade as a plumber.

CREDENTIALING OF MEDICAL STAFF

Monthly Report to Joint Conference Committee
Third Quarter: Academic Year 1995-96

Committee Actions		March 1996	Year-to-Date Total
Appointments	Active	5	82
Month Total = 12	Courtesy	4	219
	Affiliated	3	25
Reappointments Submitted	Active	7	191
Month Total = 32	Courtesy	22	219
	Affiliated	3	67
Reappointments Not Submitted	Active	1	22
Month Total = 2	Courtesy	1	46
	Affiliated	0	9
Change in Privileges		4	42
Change in Staff Status		8	61
Resigned/Separated		16	289

March statistics are available in the Commission Office.

Commissioner Guy requested information on the specific impact on the Department from the elimination of SSI benefits for substance abuse disabilities.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING PROCESS

Tangerine Brigham, Acting Director of Policy and Planning, presented the Department's direction in its strategic planning efforts. (Attachment A).

Commissioners' points of concern:

- Creation of an input process where employees feel ownership and feel comfortable in giving their opinions.

- Being aware of existing strategic planning models to avoid reinventing existing models.

- Need for public and Commission participation.

- Need for a specific budget for the strategic planning process, (i.e., how much money is being allocated for the strategic planning process).

Ms. Kronenberg will forward the Commissioners' concerns to Dr. Hernández. The Department will provide frequent updates on the strategic planning process to the Commission at future Commission meetings.

6) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

City and County of San Francisco

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

TO: Edward Chow, M.D., President and
Members of the Health Commission

FROM: Sandra R. Hernández, M.D. / SRH
Director of Health

RE: Strategic Planning

DATE: April 10, 1996

Over the past few years, the Department has grappled with the rapidly changing health care environment. Consistent with Health Commission direction, the Department is embarking on its strategic planning effort to ensure the viability of the health care safety net system.

The formal presentation which accompanies this memorandum will provide the Health Commission with more detailed information on the Department's need for strategic planning, the objectives of strategic planning and the strategic planning process.

STRATEGIC PLANNING GOALS

Strategic planning is necessary to proactively position the Department for changes in the financing, regulation and delivery of health care. At its core, strategic planning will determine how the Department fulfills its mission as policy maker, regulator, broker and provider. Through this strategic planning process, the Department proposes to:

- strengthen our public health assurance role;
- create an integrated delivery system for personal health care services and
- identify various governance models appropriate for a reconfigured Department.

For example, the Department has most of the components necessary to develop a successful integrated delivery system (IDS). Our challenge is to organize the delivery of these services in a comprehensive and cost-effective manner, and to provide maximum flexibility for the IDS to compete with other private integrated delivery systems in San Francisco.

FORCES SHAPING HEALTH SYSTEM CHANGES

The Department must confront the commercial market forces shaping the health care industry in San Francisco and in California. Health care trends indicate:

- a shift towards managed care as a model for both the delivery and financing of health care reimbursement for a large segment of publicly-sponsored patients;
- shrinking federal/State/local funding for health care;
- competitive pressure on providers to reduce health care costs;
- oversupply of acute care beds, clinics, and providers and
- growing uninsured population.

(415) 554-2600 101 Grove Street San Francisco, CA 94102

In the area of public health. localities are reaffirming and strengthening their traditional public health role and reassessing their role as a provider of personal health care services.

These changes are forcing the Department to reconcile its traditional public health role and responsibility with its safety net role as the provider of personal health care. The Department must critically examine its service population and determine which health care services it will provide directly versus which services it will ensure through community providers. In this latter role as a broker and/or purchaser of health benefits we must develop the necessary infrastructure and technical support to achieve stated health outcomes.

STRATEGIC PLANNING PROCESS

The Department realizes that strategic planning is an ongoing process that will continually require the Department to reassess its services and delivery system in light of changes in the health care industry and in community needs. The Department has already undertaken the task of monitoring San Francisco market forces, major strategic issues and organizational alternatives confronting our current health system.

The Department anticipates beginning its strategic planning effort in May 1996. The planning process will require the Department to:

- assess the external and internal environment shaping health care on a continual basis;
- identify key planning issues related to how the Department provides services;
- form an strategic planning organizational structure;
- develop time lines for the implementation of strategic planning proposals and work plans.

We anticipate completing these components of the strategic planning process in October 1996. At that time, we would bring forward all policy issues and recommendations to the Health Commission for your review and consideration.

The Department will establish a central strategic planning oversight committee and three steering committees to direct the strategic planning process. The three steering committees will address the following: (1) strengthening our public health services and broker capacity, (2) further development of an integrated delivery system and (3) identifying various governance options with the aim of recommending an optimal governance structure for the Department.

While this steering committee structure fundamentally depicts the two roles within the Department -- public health services and individual personal health care services -- they both address the same crucial issue: positioning the Department to continue services to vulnerable San Franciscans. The Department realizes that our ability to meet public health goals is improved by ensuring that at-risk populations have access to a comprehensive delivery system of health care services.

The steering committees will develop recommendations, planning proposals and work plans to address key strategic planning issues. Recommendations from the steering committees will be evaluated by a strategic planning oversight committee which will have the responsibility for presenting proposals to the Director of Health, the San Francisco Health Commission and other elected bodies for consideration. The Department will provide the Health Commission with status updates throughout the strategic planning process. In addition, all DPH Executive Committee deputies will report on this effort in their liaison roles with individual Health Commissioners.

The Department will not and cannot develop its strategic plans in isolation -- they will be developed in conjunction with the community. The Department will include, but not limit participation to, labor, business, employees, providers, consumers, advocates, other health/human services-related City departments, elected officials and interested parties in this planning process. We believe that it is crucial to involve the provider and consumer communities in the planning process to ensure that our strategic planning direction has broad-based support.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
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AGENDA

HEALTH COMMISSION MEETING

May 7, 1996
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF APRIL 16, 1996

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Consideration of a site approval for South of Market Mental Health Services, which will be moving from 471 Jessie to a proposed site at 760 Harrison Street.

THIS ITEM WILL BE CONTINUED TO MAY 21, 1996.

(3.2) C.O.-ADMINISTRATION - Request to Approve Resolution for the Continuation of FY 1995-96 Health Service Contracts until the FY 1996-97 contracts are certified.

(3.3) CHS-AIDS - Retroactive contract renewal with Central City Hospitality House, in the amount of $51,500, for the provision of HIV risk reduction services for homeless and runaway youth in San Francisco, for the period of July 1, 1995 through June 30, 1996. (DPH contracted with Central City Hospitality House for services totaling $613,418 during FY 1994-95).

(3.4) CHS-AIDS - Retroactive contract renewal with GAPA Community HIV Project, in the amount of $133,945, for the provision of HIV/STD Prevention and Education services, for the period of July 1, 1995 through June 30, 1996. (DPH contracted with GAPA Community HIV Project for services totaling $537,397 during FY 1994-95).

(3.5) (CHS-AIDS - Retroactive contract renewal with LYRIC, in the amount of $57,200, for the provision of HIV Prevention and education services, for the period of January 1, 1996 through June 30, 1996.

(3.6) CHS-AIDS - Retroactive contract renewal with Shanti Project, in the amount of $71,302, for van transportation services for the period of July 1, 1995 through June 30, 1996. (DPH contracted with Shanti Project for services totaling $755,253 during FY 1994-95).

(3.7) CHS-AIDS - Retroactive contract renewal with Polaris Research & Development , Inc., in the amount of $245,875 to provide logistical and technical support to the HIV Prevention Planning Council for the development of a strategic HIV prevention plan, for the period of January 1, 1996, through December 31, 1996. (DPH contracted with Polaris for services totaling $135,983 during FY 1994-95).

(3.8) CHS-AIDS - Retroactive contract renewal with the San Francisco AIDS Foundation, in the amount of $353,089, for the provision of Emergency Housing, Rental Subsidies, and Telephone Hotline services, for the period of July 1, 1995 through June 30, 1996. (DPH contracted with SF AIDS Foundation for services totaling $4,117,127 during FY 1994-95).

(3.9) CHS-AIDS - Retroactive sole source request and modification to an existing contract with UCSF, Department of Adolescent Medicine for a total amount of $742,700 to conduct statewide training and consultation on Tuberculosis to public health clinical staff and private sector physicians for the two year period of January 1, 1996 through December 31, 1997. (DPH contracted with UCSF for services totaling $59,963,224 during FY 1994-95).

(3.10) CHS-AIDS - Retroactive sole source request and modification to the existing contract with UCSF, School of Medicine, in the amount of $2,474,617 for continued operation of the Model Tuberculosis (TB) Prevention and Control Center for the period of December 28, 1995 through January 31, 1998. (DPH contracted with UCSF for services totaling $59,963,224 during FY 1994-95.

(3.11) CHS-AIDS - Retroactive sole source request and a contract with Regents University of California at San Francisco General Hospital, Department of Psychiatry/AIDS Health Project, in the amount of $292,358 for the provision of mental health support services to people with HIV, for the period May 1, 1996 through March 31, 1997. The sole source request is for the annual amount of up to $318,936 per year, for the period of May 1, 1996 through March 31, 2000. (DPH contracted with UCSF for services totaling $59,963,224 during FY 1994-95).

(3.12 CHS-AIDS - Retroactive contract renewal with UCSF/AIDS Health Project, in the amount of $91,720, for the provision of mental health services to patients of SFGH Ward 86, for the period of July 1, 1995 through June 30, 1996. (DPH contracted with UCSF for services totaling $59,963,224 during FY 1994-95).

(3.13) CPHS - Sole Source request and multiyear renewal contract with Community Housing Partnership (CHP), fiscal agent for Caduceus Outreach Services (COR), in the amount of $246,652, to provide recruiting, training, placing and support of pro-bono psychiatrists for the three year period of July 1, 1996 through June 30, 1999. This sole source request is for the annual amount of up to $95,480 per year, for the three year period of July 1, 1996 through June 30, 1999.

(3.14) DMS-CMHS - Retroactive contract renewal with Edgewood Children's Center in the amount of $1,009,099 per year to provide day treatment services, subacute day treatment, respite program, school-based intervention programs, special education (SED) partnership programs and Family Mosaic program for the period of July 1, 1995 through June 30, 1999. (DPH contracted with Edgewood Children's Center for services totaling $1,500,411 during FY 1994-95).

(3.15) DMS-CMHS - Second modification to the contract with San Francisco Study Center in the amount of $74,486 to expand the Community Vocational Programs (CVE) for the period of July 1, 1995 through June 30, 1996, and add the Socialization Program for the period of April 1, 1996 through June 30, 1996. Total amount of contract, including this modification, is $1,101,831. (DPH contracted with San Francisco Study Center for services totaling $171,750 during FY 1994-95).

4) DIRECTOR'S REPORT
(Dr. Sandra R. Hernández, Director of Health)

5) PRESENTATION OF HEALTH SERVICES AT YOUTH GUIDANCE CENTER

6) TIME SPECIFIC AT 4:30 P.M.: CONSIDERATION OF A RESOLUTION ON THE PROPOSED PLAN FOR OPTIMIZING THE CONFIGURATION OF SAN FRANCISCO'S EMERGENCY MEDICAL SERVICES

7) OTHER BUSINESS/PUBLIC COMMENTS*

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas Lee Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

L. LaMont Terry, D.M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

SF
420
#2
5/7/96

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, May 7, 1996
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:20 p.m.

Present: Commissioner Debra A. Barnes
Commissioner Edward A. Chow, M.D.
Commissioner Thomas Lee Eades
Commissioner Sharon Gadberry, Ph.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Lee Ann Monfredini

Absent: Commissioner L. LaMont Terry, D.M.D.

2) APPROVAL OF MINUTES OF THE SPECIAL MEETING OF APRIL 16, 1996

Action Taken: The Commission unanimously adopted the minutes of the special meeting of April 16, 1996.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Consideration of a site approval for South of Market Mental Health Services, which will be moving from 471 Jessie to a proposed site at 760 Harrison Street.

This item was continued to May 21, 1996.

(3.2) C.O.-ADMINISTRATION - Request to Approve Resolution for the Continuation of FY 1995-96 Health Service Contracts until the FY 1996-97 contracts are certified.

(3.3) CHS-AIDS - Retroactive contract renewal with Central City Hospitality House, in the amount of $51,500, for the provision of HIV risk reduction services for homeless and runaway youth in San Francisco, for the period of July 1, 1995 through June 30, 1996. (DPH contracted with Central City Hospitality House for services totaling $613,418 during FY 1994-95).

> Commissioner Monfredini requested a copy of the status report to be submitted by the contractor to the AIDS Office. This report is due in the AIDS Office by May 15, 1996.

(3.4) CHS-AIDS - Retroactive contract renewal with GAPA Community HIV Project, in the amount of $133,945, for the provision of HIV/STD Prevention and Education services, for the period of July 1, 1995 through June 30, 1996. (DPH contracted with GAPA Community HIV Project for services totaling $537,397 during FY 1994-95).

> Commissioner Monfredini requested a copy of the appropriate unit of service and client tracking system requested by the AIDS Office.

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(3.6) CHS-AIDS - Retroactive contract renewal with Shanti Project, in the amount of $71,302, for van transportation services for the period of July 1, 1995 through June 30, 1996. (DPH contracted with Shanti Project for services totaling $755,253 during FY 1994-95).

> Dr. Katz reported that the arbitrator will be ruling in a week on the issue of Shanti's repayment of outstanding funds due to the City.

(3.7) CHS-AIDS - Retroactive contract renewal with Polaris Research & Development , Inc., in the amount of $245,875 to provide logistical and technical support to the HIV Prevention Planning Council for the development of a strategic HIV prevention plan, for the period of January 1, 1996, through December 31, 1996. (DPH contracted with Polaris for services totaling $135,983 during FY 1994-95).

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> This item was postponed to a future meeting.

(3.10) CHS-AIDS - Retroactive sole source request and modification to the existing contract with UCSF, School of Medicine, in the amount of $2,474,617 for continued operation of the Model Tuberculosis (TB) Prevention and Control Center for the period of December 28, 1995 through January 31, 1998. (DPH contracted with UCSF for services totaling $59,963,224 during FY 1994-95.)

Commissioner Gadberry abstained from the discussion due to conflict of interest.

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Commissioner Monfredini requested that the 1-year evaluation be brought to the Budget Committee prior to entering the second year of the multiyear renewal.

(3.14) DMS-CMHS - Retroactive contract renewal with Edgewood Children's Center in the amount of $1,009,099 per year to provide day treatment services, subacute day treatment, respite program, school-based intervention programs, special education (SED) partnership programs and Family Mosaic program for the period of July 1, 1995 through June 30, 1999. (DPH contracted with Edgewood Children's Center for services totaling $1,500,411 during FY 1994-95).

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Commissioner Monfredini expressed her concern on the large number of retroactive contracts coming towards the end of this fiscal year.

Action Taken: The Commission (Chow, Barnes, Eades, Gadberry, Guy, Monfredini) approved #3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.13, 3.14, and 3.15.

Action Taken: The Commission (Chow, Barnes, Eades, Guy, Monfredini) approved #3.10, 3.11 and 3.12. Commissioner Gadberry abstained due to conflict of interest.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

RESIGNATION

TB Control Division

Dr. Gisela Schecter, who has been our Director, TB Control Division since 1984, will be leaving the Health Department as of June 30, 1996. She will be returning to primary care practice at Stanford Coastside Medical Clinic in Half Moon Bay.

Under Dr. Schecter's excellent direction, San Francisco has developed one of the best TB control programs in the country. The program has grown to a staff of 65 persons and has a budget of $4 million, most of which comes from Federal grants. TB Control includes a model TB Center funded by the CDC which trains TB control practitioners throughout California. Because of the extraordinary efforts of Dr. Schecter and her staff, San Francisco has avoided an epidemic of multidrug resistant TB. Also, our total number of active TB cases has decreased for two years in a row.

Dr. Schecter has received numerous honors including "TB Controller of the Year" from the California Health Services Administration. We will miss her very much and wish her every success in her future endeavors.

The Department will move quickly to seek a qualified replacement for Dr. Schecter. This search will be done in collaboration with Dr. Phil Hopewell, a UCSF Pulmonologist at SFGH, who co-sponsored many TB related projects with Dr. Schecter.

BUDGET

Ryan White CARE Reauthorization

The CARE Reauthorization Act of 1996 was passed by the House on May 2 and the Senate on May 3. The Act has been submitted to President Clinton for signature.

In addition to reauthorizing the CARE Act for a five-year period, the Reauthorization Act includes a number of substantive and procedural changes. These include:

- States will be required to demonstrate either a reduction in pediatric AIDS cases or that 95 % of pregnant women seeking prenatal care have been tested for HIV. States failing to demonstrate these criteria by the year 2000 will be required to enact a mandatory testing statute or regulations in order to be eligible for Title II funds.
- Planning Councils will be required to adopt written policies regarding conflict of interest, grievance procedures, and membership selection.
- Planning and evaluation activities will be considered administration, and the permissible percentage allowed for administration will be increased from 5% to 7.5%.
- The effective date for the Reauthorization Act is October 1, 1996, with the exception of provisions relating to the formula for the award of Title I and II funds and provisions relating to perinatal transmission of HIV; these provisions take effect upon enactment.

The recently adopted Federal budget calls for an increase in Ryan White funding as well as increased funding for the AIDS Drug Assistance Program.

Ryan White CARE Title I Award to San Francisco EMA

Our Title I San Francisco EMA CARE award this year was for $38,641,924 (Formula = $19,126,680 and Supplemental = $19,515,214). To maintain all of this year's CARE services would cost $41,547,925 or $2,906,001 less than we received.

It should be noted that while our award was less than necessary to maintain level funding, the competitive portion of our application scored very well. We received 102% of our formula award in supplemental funding. Of the 41 Title I EMA's, only 11 received more than 102% of their formula award.

In the Appropriation Bill passed on April 25, 1996, Title I received a $12.7 million increase for the year above the level that had already been allocated to Title I cities. HRSA is likely to distribute the funds 50% by Formula and 50% by Supplemental. This would result in our receiving an additional $1.4 million which would narrow our budget gap to $1.5 million.

Ryan White CARE Title II

Ryan White Title II dollars are CARE funds distributed by the State. For 1996-97 San Francisco received an 8.4% reduction of $94,986 for a final allocation of $1,030,082 (for a 12-month period). All counties received the same 8.4% reduction. We implemented this reduction by reducing each of the five contracts funded by Title II, as well as our own administrative funding.

The CARE Appropriation Bill provides an additional $10.7 million to States. This would likely close some of the $94,986 gap. However, we do not have final figures at this time.

MANAGED CARE

Los Angeles 1115 Waiver

The Health Care Financing Administration approved the State's request to implement a 1115 waiver in Los Angeles County. As I noted previously, the purpose of the five-year demonstration project is to stabilize funding and assist the long-term restructuring of the County's health care delivery system.

Under the waiver, Los Angeles County will receive an additional $364 million during the first year of the project. Consistent with 1115 waiver principles, the project must be budget neutral over the five-year period (July 1, 1996 to June 30, 2000). Total estimated Medi-Cal funding to Los Angeles during this five-year project is $10.5 billion.

As support for the State's two-plan model, HCFA states Los Angeles' transition to a more cost-effective system will begin with strong participation in Medi-Cal managed care. **The Commission should be aware that this project does not expand Medi-Cal eligibility**. The delivery system for this project includes all health centers, mental health clinics, the county's disproportionate share hospitals and the Community Health Plan.

The State is subject to several special terms and conditions for conducting this demonstration project. Some of the conditions required of the State are to:

- Develop an Oversight Committee which will be responsible for directing the Project, monitoring progress and achieving goals.
- Prepare operations protocol documents to provide a single source for policy and operating procedures applicable to the project.

- Submit a detailed project management plan for restructuring health care delivery system.

- Report on improvement of patient access (via distance for services, availability of services, waiting times, etc.).

- Develop a performance improvement plan to monitor patient quality.

HCFA's notification letter did not reference the possibility of other counties participating in a 1115 waiver. As you are aware, San Francisco (along with 27 other counties), submitted letters of interest to develop a Medicaid demonstration project. HCFA has not made any announcement on its consideration of those letters of interest. The Department has been in contact with HCFA and will closely monitor its deliberation on this issue.

Fresno County
Acknowledging the handicaps faced by public health care system, last month the Fresno County's Board of Supervisors agreed to take under consideration a proposal to enter into a contractual relationship regarding its County hospital, Valley Medical Center (VMC). Since May 1995, the County has been actively engaged in discussion with the Community Hospitals of Central California (CHCC - a coalition of seven hospitals) to develop a long range plan for the County's health services delivery system.

Under this proposal, VMC would close. The contract proposal between Fresno County and CHCC is as follows:

- The County would make annual payments to CHCC for health care to the indigent and inmate populations. The base year amount would be $17.5 million. CHCC would provide both inpatient and outpatient health services (excluding mental health).

- Burn care and Level I trauma services would be provided by CHCC.

- CHCC would assume full responsibility for operating Valley Medical Center and ambulatory clinics.

- The teaching program at Valley Medical Center would be continued, however, CHCC would have discretion over the extent of the program.

The estimated transition and closure of VMC is four to five years. A Beilenson hearing to discuss this proposal is set for late July 1996. The Department will keep the Commission apprised of developments related to this transaction.

Bay Care Discussions
Community Health Network of San Francisco has been approached by the San Francisco Health Authority to consider adding Bay Care to its network for the Local Initiative. Bay Care, which is an IPA servicing the South of Market area, originally filed its application to participate in the Local Initiative with St. Luke's Hospital. Discussions between Bay Care and St. Luke's Hospital have broken off and, as a result, Bay Care is seeking SFGH as a hospital partner.

SFGH is a logical choice for Bay Care because of the proximity to its service area. In addition, Bay Care could refer patients to the SFGH clinics for specialty and diagnostic services.

We will be assessing the impact of this potential relationship on SFGH and DPH's Community Oriented Primary Care clinics. We will keep you informed as discussions progress.

ADMINISTRATION

101 Grove Street Relocation Coordinator

I have asked Jack Breslin, Assistant Director of Bureau of Environmental Health Management, to serve as coordinator for the Department's relocation from 101 Grove Street during the seismic retrofit and upgrade. We anticipate beginning the move in December 1996.

SAN FRANCISCO GENERAL HOSPITAL

SFGH Gets $6.4 Million for AIDS Trials

The UCSF AIDS Clinical Trials Unit at SFGH has been awarded a $6.4 million four-year grant from the Adult AIDS Clinical Trials Group (ACTG) of the National Institute of Allergy and Infectious Diseases (NAIAD).

NAIAD is making 32 four-year awards to adult ACTG sites around the country this year. The ACTG is a multicenter clinical trials network established in 1986 to test new drugs and treatments for persons infected with HIV. The UCSF AIDS Program at SFGH has been one of the ACTG clinical trials since 1986.

Mark Jacobson, UCSF Associate Professor of Medicine is the Principal Investigator for the ACTG-funded clinical trials unit at UCSF.

Ward 86 Gets a Facelift

Ward 86 at SFGH was selected to be a "Christmas in April" project this past month and is in the process of receiving nearly $200,000 in much needed upgrades and improvements. The "Christmas in April" volunteers donated hundreds of hours of time and professional services which resulted in the replacement of floors, installation of accessible bathrooms, a more logically arranged lab and exam space and a less congested reception site at the outpatient clinic. Some of the costs were underwritten by the San Francisco Hospital Foundation, Levi Strauss, The Herbst Foundation and the Academy of Friends. The project is still in need of about $20,000 to complete its work.

"Second Chance" - Tattoo Removal Program at SFGH

April 27, 1996 marked the inauguration of the "Second Chance" - Tattoo Removal Program, an initiative of the SFGH Violence Prevention Task Force and a collaborative project between interested community based agencies. The program, targeted for youth wanting a fresh start in life, removes gang-related tattoos. In return, the youth agree to participate in community service projects.

The pilot program is a joint effort of the SFGH Department of Surgery and CARECEN, a Mission District organization involved with programs for youth. The clinic functions one Saturday each month (there are time intervals between treatments).

Funding for the rental of the laser equipment has been donated by the San Francisco General Hospital Foundation. The surgeons, under the direction of Chen Lee, M.D., plastic surgeon, donate their time and skill while nursing and support staff are provided by SFGH. Coordination of the program start up has been done by Ana Marino-Ghosh of Hospital Administration and Jacquie Caesar, Head Nurse of the SFGH Ambulatory Treatment Clinic. Evaluation of the program will be done following the pilot to determine its efficacy and need for future funding.

TIC Program (Transitional Inpatient Care)

The TIC Program was implemented on April 15, 1996. As of May 2nd, no acute medical patients were designated at this level of care by the Medi-Cal field office nurses. We will evaluate the number of designated beds in view of our current experience.

Critical Care Diversion

The critical care diversion for the period April 1 through April 30, 1996 was 22.8% (164 hours and 17 minutes). The Emergency Department was on diversion for 2.2% (16 hours and 3 minutes).

LAGUNA HONDA HOSPITAL

Pharmacy Director Appointed to CHA Task Force and ASHP Council

Sharon L. Kotabe, Pharmacy Director, has been appointed to serve on the California HealthCare Association Advisory Task Force on Professional and Clinical Issues. The committee will be asked to provide input and guidance on State and Federal policy issues that impact the provision of professional and clinical services including formulating legislative and regulatory positions.

Dr. Kotabe has also been appointed to the Council on Organizational Affairs for the American Society of Health-system Pharmacists (ASHP), a National organization representing 30,000 pharmacists who practice in health systems and organized health settings. Dr. Kotabe is one of fifty pharmacists selected from ASHP members nationwide to serve on one of its Councils and Committees.

Information Systems Administrator Elected to Regional Organization

Dennis Sato was recently elected to a three-year term as a Board member of Northern California HealthCare Financial Management Association (HFMA). Mr. Sato was the recipient of the Chapter's 1995 Award of Merit for his leadership as Chair of the Information Systems Committee.

Emergency Preparedness Exercise

Laguna Honda will conduct a hospital-wide emergency preparedness exercise on May 9 at 10:30 a.m. The Hospital is required by Title 22 of the California Administrative Code to conduct these comprehensive drills semi-annually to train all staff in their responsibilities after a major disaster such as an earthquake.

Volunteers Recognized

On April 24, the Board of Directors of Laguna Honda Hospital Volunteers, Inc., hosted a luncheon at Simon Auditorium. President Jean McClatchy Bricker welcomed over 200 volunteers and honored their dedication to improving the quality of life for the residents at LHH.

LHH Volunteer Among Olympic Torch Bearers

Sister Miriam Walsh of Laguna Honda Hospital's Pastoral Care was among the local residents selected to carry the Olympic Torch when it arrived here in San Francisco on May 3. Sister Miriam represented the 500 volunteers at LHH where she has served for 15 years.

BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT

Annual Mussel Quarantine

We have been notified by the State Department of Health Services that the annual quarantine on mussels taken by recreational sport harvesters from the ocean waters of California began May 1, 1996. This quarantine order will be in effect through October 31 and is intended to prevent Paralytic Shellfish Poisoning. No commercially harvested shellfish are included in this annual quarantine.

- The fire-based response and transportation EMS system would be accomplished through consolidation of the Department of Public Health Paramedic Division with the Fire Department.

- An appointed Steering Committee will resolve the operational details.

- Town hall meetings will be held to keep front-line firefighters and paramedics abreast of changes and to seek their input.

- Subcommittees as necessary would be formed on the subjects of:

    - operations
    - staffing and scheduling
    - communications dispatch
    - training, including competency assessments
    - budget issues (expenses and revenues)
    - legal issues, such as the Consent Decree
    - administration and supervision
    - medical oversight, including quality improvement
    - risk management
    - work/labor issues

- Counsel from City Attorney's Office will be included.

- The Steering Committee would bring to the two Commissions at a Joint Hearing in August recommendations on how to implement the plan.

- The August update would include:

    1. A timetable for the proposed consolidation, including dates for meet and confer with Unions; joint trainings; integration of communications; integration of line staff and management, and integrated response to calls.

    2. A proposed organization chart showing the line of command for a fire-based EMS system.

    3. An analysis of budgetary implications of the consolidation, including ongoing support needed to maintain third party billing.

    4. A plan for integrating the staff of the Paramedic Division with the Fire Department.

    5. A plan for integrating the quality improvement and risk management activities of the Fire Department Medical Services with San Francisco General Hospital.

    6. A proposed integration of the communications system of the Fire Department with the Paramedic Division.

Dr. Hernández emphasized to the Commissioners that both Departments will work out the details of the plan and will address the outstanding operational, legal, and labor-related issues. She thanked all of the parties involved for the team effort in developing a better system to respond to 911 calls.

Fire Chief Robert Demmons reiterated the focus on life safety and having a system that will best serve the public. Through continued communication at town hall meetings, all concerns can be addressed.

Public Speakers:

Chief Ehrhardt Groothoff, Paramedic Division
Dr. Marc Snyder, S.F. Emergency Physicians Association
Bill Lafferty, San Francisco Fire Department
Larry Ratta, Paramedic Division
Glen Ortiz-Shultz, Chair of the Response and Transportation Work Group
Tom Jaquish, S.F. Medic One Foundation
James M. Ahern, President, Local 798, S.F. Firefighters Union
Dale Butler, Local 790

Dr. Katz pointed out that both Commissions have to approve the contents of the implementation plan. There needs to be a clarification on the role of each of the Commissions after the completion of the consolidation of the Paramedic Division with the Fire Department.

Action Taken:	Upon a roll call vote, the Health Commission and the Fire Commission unanimously adopted a Joint Resolution, Health Commission #10-96, Fire Commission #96-03, "Supporting the Recommendations of the 1996 San Francisco Emergency Medical Services Configuration Plan", (Attachment B).
Fire Commissioners:	Rosemary Fernández-Ruel, Hadley Roff, Stephen Nakajo, Russell Roeca, Ted Soulis.
Health Commissioners:	Edward A. Chow, Debra A. Barnes, Thomas Lee Eades, Sharon Gadberry, Roma P. Guy, Lee Ann Monfredini.

Fire Commission President Fernández-Ruel and Health Commission President Chow each commented on this historic decision to move forward, with the two Departments working together, to best serve the citizens and visitors of the City and County of San Francisco.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

SPECIAL PROGRAMS FOR YOUTH

	YOUTH	STAFFING	HOURS OF OPERATION	SCOPE OF SERVICES
YGC **Youth Guidance Center**	118 21F/97M 12-18/	RNs/NPs/ MDs/PHD/ LCSW/H.ED LPT/CNS	24hr/7day/RN Clinic/M-F/8-5 12hr/7day/MH Hlth.Ed./M-F	Primary Medical Care/screenings;exams;sick calls;appt full range MH svcs; ind./grps/hosp/outpt. Hlth Ed.-ind.;grps.;STDs;HIV counseling
LCRS **Log Cabin Ranch**	40 all males 15-18	RN/MD LCSW	Clinic M-F/8-5 5day MH;hrs vary	Hlth Maintenance; scheduled clinic;sick call; emergency services. Mental Health follow up; Individual & group therapy; aftercare; family support.
HVR **Hidden Valley Ranch**	19 all males 12-18	RN LCSW*	3-5days/week 8-5pm	sick calls; Hlth Maintenance; Mental Health as needed
CSC **Cole Street Clinic**	12-21+ F*/M homeless/ runaway	RN/NPs LCSW MSW	M-F;8-5pm on-call	Primary Medical Care/screenings;exams;Hlth Maint. Mental Hlth/individual therapy;case mgmt. HIV services
LSYC **Larkin Street Youth Center**	12-21+ F/M* homeless/ runaway	RN/NPs MD	M-F/RN NP-staggered hrs/ 4 days/week	Primary Medical Care-as described above; outreach available HIV services

Attachment A
Page 1 of 1

Health Commission Resolution No. 10-96
Fire Commission Resolution No. 96-03

JOINT RESOLUTION OF THE HEALTH AND FIRE COMMISSIONS

SUPPORTING THE RECOMMENDATIONS OF THE 1996 SAN FRANCISCO EMERGENCY MEDICAL SERVICES CONFIGURATION PLAN

WHEREAS, the Health and Fire Commissions have received a full report on the San Francisco Emergency Medical Services Configuration Plan; and,

WHEREAS, this plan represents a broad consensus of public and private paramedics, firefighters, emergency medicine physicians and nurses, and other members of the Emergency Medical Services community; and,

WHEREAS, this plan offers the residents and visitors of San Francisco a faster response with more skilled personnel response by sending highly trained paramedics on Fire Department vehicles; and,

WHEREAS, this plan achieves its goals through the close cooperation of the Health and Fire Departments; now, therefore, be it

RESOLVED, that the Health and Fire Commissions support the recommendations of the 1996 San Francisco Emergency Medical Services Configuration Plan; and,

FURTHER RESOLVED, that the Health and Fire Commissions support a fire-based response and transportation Emergency Medical Services system to be accomplished through the consolidation of the Department of Public Health Paramedic Division with the Fire Department; and,

FURTHER RESOLVED, that the combined system will provide a tiered response, including both ALS (Advanced Life Support) and BLS (Basic Life Support) services so as to tailor the response to the need of citizens; and,

FURTHER RESOLVED, that the Health and Fire Commissions direct their Departments to form a seven-member Steering Committee to develop an Implementation Plan which would include a timetable, an organizational chart, a budgetary analysis, and an integration plan for staff, quality assurance and communications. The Steering Committee should consist of:

Cont'd.

Health Commission Resolution No. 10-96
Fire Commission Resolution No. 96-03

- Chief Robert L. Demmons or his representative;
- Dr. Sandra R. Hernández or her representative;
- Two additional Fire Department representatives to be appointed by Chief Demmons, including one representative of the Fire Department Medical Services;
- Two additional Health Department representatives to be appointed by Dr. Hernández, including one representative of San Francisco General Hospital, and one of the Paramedic Division;
- One Mayor's Office representative; and
- Medical Director of the Emergency Medical Services Agency serving as the Convener of the Steering Committee;

and,

FURTHER RESOLVED, that the Health and Fire Commissions direct the Steering Committee to bring a progress report on the Implementation Plan to a time-certain Joint Commission meeting in August 1996.

I hereby certify that the foregoing resolution was unanimously adopted by the Health Commission and the Fire Commission at a Joint Commission Meeting on Tuesday, May 7, 1996.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Raymond G. Connors
Secretary,
Fire Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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City and County of San Francisco

HEALTH COMMISSION
Department of Public Health

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PUBLIC NOTICE

SPECIAL FIRE COMMISSION MEETING

JOINT HEARING WITH THE HEALTH COMMISSION

Tuesday, May 7, 1996
4:30 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

AGENDA

Consideration of a Resolution on the Proposed Plan for Optimizing the Configuration of San Francisco's Emergency Medical Services.

NOTE: This item is time specific at 4:30 p.m. when the Fire Commissioners will join the Health Commissioners at the Health Commission's regular meeting of May 7, 1996.

The Health Commission starts its regular meeting at 3:00 p.m.

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas Lee Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

L. LaMont Terry, D.M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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AGENDA

HEALTH COMMISSION MEETING

May 21, 1996
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF MAY 7, 1996

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) DMS - Update on contract with St. Mary's Hospital and Medical Center (dba McAuley Neuropsychiatric Institute) in the amount of $300,000 to provide adolescent inpatient, partial hospitalization, transitional (outpatient) services, and Medi-Cal funded child, adolescent and adult psychiatric inpatient hospital services for the period of July 1 , 1995 through June 30, 1996. (DPH contracted with St. Mary's for services totaling $1,188,917 during FY 1994-95).

(3.2) CHS-AIDS - Request for approval by the Budget Committee of the Health Commission to apply for retroactively and accept and expend a new grant in the amount of $119,143 from the University of California Universitywide AIDS Research Program, to evaluate the referral component of the HIV Counseling, Testing, Referral, and Partner Notification Program (CTRPN) for the period of July 1, 1996 to June 30, 1998.

(3.3) DMS - Request for approval to accept and expend retroactively a new grant in the amount of $190,691 from the Miriam and Peter Haas Fund, to support an integrated model of targeted consultation by establishing an intensive consultant training program for the period of April 1, 1996 to March 31, 1997.

(3.4) CHS-AIDS - Retroactive sole source request and modification to an existing contract with UCSF, Department of Medicine for a total amount of $742,700 to conduct statewide training and consultation on Tuberculosis to public health clinical staff and private sector physicians for the two year period of January 1, 1996 through December 31, 1997. This sole source request is for the annual amount of up to $558,850 per year, for the two year period of 01/01/96 through 12/31/97. (DPH contracted with UCSF for services totaling $59,963,224 during FY 1994-95).

(3.5) CHS-CPHS - Retroactive approval of renewal contract with UCSF in the amount of $132,000 to provide comprehensive family planning encounters, reproductive health education information and referrals to teens in the Mission District of San Francisco, for the period of January 1, 1996 through December 31, 1996. (DPH contracted with UCSF for services totaling $59,963,224 during FY 1994-95).

(3.6) DMS-CSAS - Multiyear contract renewal with Institute of Advanced Driver Education and Training (IADET), in the amount of $201,660 per year, to provide First Offense Driving Under the Influence (DUI) services for the period of July 1, 1995 through June 30, 1996.

(3.7) DMS-CSAS - Multiyear contract renewal with the University of California San Francisco PACE Program, in the amount of $255,524, to provide outpatient substance abuse and tuberculosis prevention services for the period of July 1, 1996 through June 30, 1997. (DPH contracted with UCSF for services totaling $59,963,224 during FY 1994-95).

(3.8) Consideration of a Medi-Cal HMO (Health Maintenance Organization) contract with Blue Cross of California.

4) **DIRECTOR'S REPORT**
(Dr. Sandra R. Hernández, Director of Health)

5) **CONTINUATION OF THE PRESENTATION OF SPECIAL PROGRAMS FOR YOUTH**

6) **CONSIDERATION OF A RESOLUTION FOR THE PERFORMANCE AGREEMENT FOR THE MENTAL HEALTH REHABILITATION FACILITY**

7) **CONSIDERATION OF A SITE APPROVAL FOR SOUTH OF MARKET MENTAL HEALTH SERVICES, WHICH IS BEING PROPOSED TO MOVE FROM 471 JESSIE TO 760 HARRISON STREET**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas Lee Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

L. LaMont Terry, D.M.D.
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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

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Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, May 21, 1996
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:10 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner Thomas Lee Eades Commissioner Roma P. Guy, M.S.W. Commissioner Lee Ann Monfredini Commissioner L. LaMont Terry, D.M.D.
Absent:	Commissioner Sharon Gadberry, Ph.D.

2) APPROVAL OF MINUTES OF THE MEETING OF MAY 7, 1996

For Budget Committee item #3.6, the minutes will be corrected to read: "Dr. Katz reported that the arbitrator will be ruling in a month on the issue of Shanti's repayment of outstanding funds due to the City."

Action Taken: The Commission unanimously adopted the minutes of the meeting of May 7, 1996, with the above correction.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) DMS - Update on contract with St. Mary's Hospital and Medical Center (dba McAuley Neuropsychiatric Institute) in the amount of $300,000 to provide adolescent inpatient, partial hospitalization, transitional (outpatient) services, and Medi-Cal funded child, adolescent and adult psychiatric inpatient hospital services for the period of July 1 , 1995 through June 30, 1996. (DPH contracted with St. Mary's for services totaling $1,188,917 during FY 1994-95).

> Dr. Bill McConnell, Director of Planning and Evaluation, reported that the contractor is in full compliance.
>
> Jo Ruffin, Deputy Director for Mental Health, recommended a 6-month review be brought back to the Commission.

(3.2) CHS-AIDS - Request for approval by the Budget Committee of the Health Commission to apply for retroactively and accept and expend a new grant in the amount of $119,143 from the University of California Universitywide AIDS Research Program, to evaluate the referral component of the HIV Counseling, Testing, Referral, and Partner Notification Program (CTRPN) for the period of July 1, 1996 to June 30, 1998.

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(3.8) Consideration of a Medi-Cal HMO (Health Maintenance Organization) contract with Blue Cross of California.

> This contract is an agreement with Blue Cross of California for the Department to provide services to Blue Cross Medi-Cal managed care subscribers and includes binding arbitration and indemnification clauses.

Commissioner Eades raised his concern over his observation that some contractors do not provide the demographic information on the number of staff and Board members who have openly identified their sexual orientation as gay, lesbian, or bisexual.

Commissioner Eades, along with other Commissioners, raised the issue of so many retroactive contracts for FY 1995-96 coming to the Commission. President Chow requested the Department to provide a summary and status report on the retroactive contracts at the next Budget Committee meeting.

Action Taken: The Commission (Chow, Barnes, Eades, Guy, Monfredini, Terry) approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

BUDGET

DPH FY95-96 Third Quarter Revenue and Expenditure Report
Based upon nine months of actual performance, the Department currently anticipates a $2.8 million surplus in current year budget. I have attached a separate report which summarizes current revenues and expenditures for the Department by Division. The report also includes projected financial performance through year-end. The report has been calendared for the June 4 Commission meeting, however I am happy to answer any questions today.

FY 1996-97 Budget
We are completing negotiations this week with the Mayor's Office on the FY 1996-97 budget. I am pleased to say the budget environment this year was very supportive. The Mayor's Budget staff is finalizing details of the City budget and anticipates the Mayor's release to the Board of Supervisors by June 1st. I am optimistic the Department can successfully operationalize the FY 1996-97 budget and begin focusing our energies on strategic planning activities.

State Budget
The Governor released his annual May Revise budget today. DPH staff is in the process of reviewing these documents. As you are aware however, the Governor proposed significant health and welfare savings in his January budget, which were based on assumptions of Federal reform changes. Few of these savings occurred at the Federal level. According to the State constitution, the legislature must pass the budget by June 15, 1996; the fiscal year begins on July 1, 1996. I will provide you with an update at the next Commission meeting.

Federal Legislation
Senate Bill 269, the Immigration Control and Financial Responsibility Act of 1996 (Simpson) has passed both the House and Senate. It will now move to a Congressional Conference Committee.

- Extends sponsorship deeming for all legal immigrants already in the United States to five years, disqualifying them from all federal means-tested benefits except higher education assistance and loans.
  –State and local option to deem for state/local means -tested programs.

- Disqualifies new immigrants from ALL federal means-tested benefits until citizenship or work 40 qualifying quarters (ten years).
  –State and local option to deem for state/local means-tested programs.

- Noncitizens who receive public assistance (defined as SSI, AFDC, Medicaid, Food Stamps, State General Assistance and all other Federal, State or local means-tested benefits) for more than 12 months within five years after their entry is deportable.

  Program exceptions:

  1. refugees and asylees.
  2. if cause for receiving public assistance" arose after entry or admission" and results in total physical or mental disability.
  3. Emergency Medicaid, immunizations, testing and treatment for communicable diseases and their symptoms, short-term emergency relief, school lunches and WIC.

- Undocumented residents are ineligible for ALL federal or state means-tested benefits including grants, contracts, loans, or licenses.

  –State and local governments MUST disqualify.

  Program exceptions:

  1. Emergency Medicaid, but hospitals MUST VERIFY STATUS according to Attorney General procedures.
  2. "Public health assistance for immunizations" and for "testing and treatment for communicable diseases and their symptoms".
  3. Short-term emergency relief.
  4. School lunches and WIC.

The Department expects as many as 10,000 current legal residents will lose their Medi-Cal coverage in San Francisco. I will continue to keep you apprised of this situation.

MANAGED CARE

Blue Cross

This month the Department learned the State Department of Health Services is planning to make Blue Cross, the commercial plan under Medi-Cal Managed Care, operational in San Francisco on July 1, 1996. This proposed start-up date is ahead of the time when the State plans to make the San Francisco Health Authority operational, despite the fact the San Francisco Health Authority DDA has been at the State for over two months without review.

Under the State's plan, Medi-Cal beneficiaries will enroll in Blue Cross through Health Care Options. Health Care Options provides neutral, unbiased information to Medi-Cal beneficiaries about their choices under managed care. Beneficiaries will be given the choice of enrolling in Blue Cross or listing a fee-for-service provider. If a beneficiary does not list a FFS provider they will be defaulted into Blue Cross.

The Department is particularly concerned that implementation of Blue Cross prior to the start-up date for the two-plan model will cause confusion for beneficiaries. Beneficiaries will receive differing messages over the next few months. Given the complexity involved in transitioning to Medi-Cal Managed Care and educating beneficiaries about the changes, we believe that simultaneous start-up dates for both plans is crucial.

The Department is also concerned that this default feature provides a competitive advantage to Blue Cross prior to the implementation of the two plan model.

Similar to Blue Cross, the San Francisco Health Authority has been working towards a July 1, 1996 start-up date. However, its efforts have been thwarted by the lack of timely review and process by the State Department of Health Services. The Health Authority has submitted all of its required documentation to the State and has received minimal response. Without adequate feedback from the State, the Health Authority cannot proceed.

The San Francisco Health Authority has expressed its concerns to the State and to HCFA. The Department has also been in contact with the State regarding this issue. We believe it is both optimal and feasible to have both plans up and running by July 1, 1996.

Community Health Network of San Francisco

I am pleased to report that the Community Health Network of San Francisco has applied for and been awarded the California Department of Corporations contract to provide hospital and medical services to residents at the Elizabeth Fry Center in San Francisco. The Elizabeth Fry Center, a halfway house for female inmates and their children, is a 20-bed facility located in the Sunset District.

UCSF previously held this contract, but was unable to close negotiations with the California Department of Corporations for this upcoming year which resulted in an open bid process. Once we receive the contract from the State, it will be brought to the Health Commission for your consideration.

The contract start date is July 1, 1996 and covers inpatient and outpatient, hospital and medical services. In our application we recommended that Ocean-Park Health Center provide the primary and OB/GYN care because of their close proximity to the Center. Specialty referrals and hospitalizations will be referred to San Francisco General Hospital.

As we have discussed previously at Commission hearings, I believe that it is important for the CHN to be viewed as a resource to the community. This contract furthers our efforts in this direction.

Finally, I would like to extend my sincere thanks to Jane Guyette for spearheading this effort and writing the CHN response to this RFP.

ADMINISTRATION

Planning Director Appointment

I am pleased to announce after an extensive recruitment and screening process, I appointed Tangerine Brigham to the Director of the Planning position. Tangerine has been acting in this role for 6 months. Ms. Brigham brings with her a wealth of experience and background on managed care and planning issues. Tangerine was also recently accepted to Harvard Kennedy School of Government summer program for State and Local Executives. I am sure you join me in congratulating Tangerine on both of these appointments!

AIDS Candlelight Vigil

The 13th International AIDS Candlelight Memorial and Mobilization was held May 19th. The Memorial and Mobilization commemorates those who have died of AIDS , shows support for those living with HIV/AIDS, and raises awareness of both the global and local impact of HIV/AIDS. It began in San Francisco in 1983 and now occurs in over 250 cities and 50 nations.

Maria Cora of Special Programs for Youth shared the role of M.C. with Supervisor Tom Ammiano. I was privileged to give a brief key note address. Mayor Brown presented the AIDS Hero and Heroine awards and remembrances. On behalf of the Department congratulations to this years awardees: Steve

Lew, Executive Director Living Well Project; Barbara Garcia, Women's AIDS Network Special Funds Administrator; Ed Zold, Act Up Golden Gate; and Project Inform.

White House Conference

I am happy to report I've been asked to attend a White House briefing on Latino health issues on June 10. I will report to the Commission on the trip in my Director's Report of June 18.

Board of California Primary Care Consortium

Congratulations to Mélange Matthews who was elected on May 15, 1996 to Chair the Board of the California Primary Care Consortium. The Consortium is dedicated to improving the availability of and access to quality primary care in California. They are currently engaged in a grant-making program to assist rural and urban underserved communities to recruit and retain primary care providers.

Sustainable San Francisco

Sustainable San Francisco, a project spearheaded by the San Francisco Commission on the Environment, the Planning Department and Sustainable City, is an attempt to mobilize a broad-based, collaborative, long-term effort to create a healthy environment and high quality of life.

The project will generate a plan which establishes measurable objectives/goals and indicators in areas ranging from air quality to human health to economic development. Department staff have been participating in subcommittees establishing the objectives. Our goal is to ensure that the health-related objectives are consistent with community needs and Department planning. While the project is considered a community-based effort including business, residents and other private entities, it is envisioned that City departments will incorporate the Sustainable San Francisco objectives and goals into their program planning for future years.

On June 1, 1996, the draft project plan will be distributed to Department heads and Commissions for review and comments. There will also be a series of public hearings on the draft plan held throughout next month. The plan will be presented to the Board of Supervisors for approval in November 1996. I will provide the Health Commission with more detailed information as this project proceeds.

SAN FRANCISCO GENERAL HOSPITAL

Critical Diversion

Critical Diversion and ER Diversion for the period May 13-18, 1996 was zero hours.

LAGUNA HONDA HOSPITAL

Senior Citizens Residential Community

On May 14 Supervisor Willie B. Kennedy called a hearing of the Economic Vitality and Social Policy Committee to consider the development of a senior citizens residential community. The concept of the residential community was presented by Dr. George Davis, Executive Director of the Bayview Hunters Point Multipurpose Center. Supervisor Kennedy plans to introduce a resolution of support to the full Board of Supervisors. The hearing was attended by a number of seniors from the Bayview Hunters Point area.

DIVISION OF MENTAL HEALTH SERVICES

DMS Receives Robert Wood Johnson Foundation Grant

The Division of Mental Health Services (DMS) has received notification from the Robert Wood Johnson Foundation that DMS will receive a grant totaling $911,622. The funds will support a two-year project intended to enhance efforts to deliver mental health services to children and youth. The grant will also be used to develop stronger broker capabilities within DMS.

Robert Wood Johnson Foundation System of Care Replication Conference

The Robert Wood Johnson Foundation System of Care Replication Conference was held in New Mexico last month. Miriam Martinez and Albert Eng represented the Mental Health Division at the conference and shared the Division's experience in the development of the Family Mosaic Project with participants from other RWJ replication sites.

Request for Proposal

The Division of Mental Health has released a Request for Proposal to seek providers interested in sharing risk in treatment of high use/high cost chronically and severely mentally ill adults. The RFP calls for an Assertive Community Treatment Team approach which stresses intensive case management available 24 hours a day, 7 days a week. DMS will pay a capitated rate per month to the provider for the costs of care and share risk on hospital and institutional costs. City-operated clinics interested in providing this service will also be able to participate. This program development is a critical element for the mental health managed care plan.

COMMUNITY PUBLIC HEALTH SERVICES

CPHS Comings and Goings

I am pleased to announce the appointment of Alex Moy, M.D., as the new Medical Director of Chinatown Public Health Center. Dr. Moy completed his residency in Family and Community Medicine at San Francisco General Hospital in 1992 and was a postdoctoral HIV clinical fellow in the subsequent year. For the past three years, Dr. Moy has been working at the Chinatown Public Health Center as a staff physician and has been an Assistant Clinical Professor with the Community Provider AIDS Training Project at San Francisco General Hospital. He is bilingual in English and Cantonese. We welcome Dr. Moy to his new role in the Department.

We must, on the other hand, say good-bye to Barbara Cowan, Director of Homeless Programs, who will be leaving in June to take a job in the East Bay and spend more time with her two children. Ms. Cowan has been with the Department for 15 months and in that time has helped strengthen homeless programs based at the Tom Waddell Health Center and its satellite clinics. With her extensive background working with homeless people, Ms. Cowan was able to start on the run and, in a relatively short period of time, get new initiatives off the ground, including a program that offers support services in residential hotels and planning for a new homeless death prevention team. We will miss her expertise and commitment, and we wish her well in her new work.

We must also bid farewell to Garth Collins, Director of the Bureau of Health Promotion, who will also be leaving in June. Mr. Collins has been a health educator with the Department for 13 years, including his 3-year tenure as Director of the Bureau of Health Promotion. Mr. Collins oversaw the reorganization of the Bureau of Health Promotion, which resulted in distribution of health educators between centralized, citywide health education activities and decentralized, community-based planning and health assessment activities. We will be losing a strong advocate for public health, and we wish him the best in his future plans.

Homeless "Un-fair" in U.N. Plaza

On May 7th, staff from the Tom Waddell Health Center participated in a community event at U.N. Plaza to provide information and referral for people who are homeless, especially those living on the streets. Coordinated by the San Francisco Outreach Workers Coalition, "The Un-fair" included participation by over 40 agencies providing a range of services including housing and shelter, mental health and substance abuse, primary health care, and social services. In addition to Tom Waddell Health Center, other DPH participants included the AIDS Office and the MOST (Mobile Support and Treatment) Team from the Division of Mental Health.

Homeless Programs Staff Member Honored in 1996 TenderChamps Celebration

The Department congratulates Fred Milligan. On April 25, 1996 at the Great American Music Hall, Central City Hospitality House celebrated its 29th Anniversary and presented the 1996 TenderChamps awards to individuals "whose efforts contributed to make a difference in the lives of homeless and low-income people of the Tenderloin." Among the recipients of these awards was Fred Milligan of the Department's Homeless Programs/Tom Waddell Health Center. In describing his efforts, the event program states:

> "As Assistant Director of Homeless Programs and Tom Waddell Health Center for the Department of Public Health, Fred Milligan has a long-standing history among homeless agencies in San Francisco. Fred has been active in the Tenderloin community for many years, first as an advocate for SSI recipients and presently in his position through the Department of Public Health. His strongly held belief that those receiving services from agencies should have a major role in making policies and planning programming, has led to an increase in the number of successful, innovative programs funded through the Department of Public Health. Fred has used his knowledge of the homeless and low-income community and his influence in the broader community to promote improvement of homeless services, thereby creating a more responsive service delivery system in San Francisco. Fred's understanding of the self help approach to breaking the cycle of homelessness has helped create services and programs that remain true to this concept."

BUREAU OF EPIDEMIOLOGY, DISEASE CONTROL AND AIDS

Presidential Advisory Council

Representatives from the Presidential Advisory Council on HIV and AIDS and the National AIDS Policy Office will tour Ward 86 at SFGH on May 24th. The tour is part of a series of activities that will include a site visit at a local AIDS/HIV residential program, and a public forum for people with AIDS/HIV and other members of the public to meet with senior administration officials responsible for the coordination of AIDS Policy.

A public forum is scheduled to start at 1:00 PM in the Health Commission meeting room on Friday, May 24. Mayor Brown is scheduled to provide opening remarks. Confirmed participants include: Patricia Fleming, Director of the National AIDS Policy; Carol Rasco, Assistant to the President for Domestic Policy; and Helen Gayle, Director of the National Center for HIV, STD, and TB Prevention. Also attending will be representatives from NIH, HUD, HRSA and the FDA. The forum will include discussion groups on research, prevention, housing, new drug approval, and CARE.

The AIDS Office will host a reception for participants and the public after the forum at 3:30 PM. The reception will be held at the AIDS Office, 25 Van Ness Avenue, in the fifth floor atrium.

OCCUPATIONAL SAFETY AND HEALTH (OSH) PROGRAM

101 Grove Emergency Drill

On April 18, 1996, the 90th anniversary of the 1906 earthquake, a successful emergency preparedness exercise was conducted at 101 Grove Street. This exercise demonstrated that " a little practice makes perfect", in that the total building, including visitors, was evacuated, and the drill terminated, in a record 16 minutes. The 101 Grove occupants, guided by Anne Kronenberg and two members of the OSH Program staff, have been working diligently to improve their egress time, employee accounting process, identification and treatment of (staged) "injured employees", and removal of emergency medical equipment and supplies to a pre-designated triage and medical treatment area outside of the building. It is their goal to become a model emergency preparedness site for the Department of Public Health and for other CCSF departments. Employees will be prepared to care for each other in the event of a major disaster, so that they may continue to deliver services to the residents and visitors of San Francisco.

EMERGENCY MEDICAL SERVICES

EMS Week May 19-26, 1996

This is the National Emergency Medical Services Week. The Department's EMS Agency and Paramedic Division have recently presented a report on optimizing the SF EMS System. At that time, we recognized the efforts of all who participated in the configuration process. We would like to note our appreciation of the efforts of everyone who is a member of the EMS team. Among the team members are the community trainers and volunteers who teach CPR and offer first aid at special events, medical dispatchers who answer the 911 phones, firefighters, EMTs, paramedics who respond to the scene of medical emergencies, and specially trained physicians and nurses who treat patients in emergency medical sites. Our campaign efforts this EMS week center around the Make the Right Call theme in which we try to educate the public to call 911 for medical emergencies.

System Configuration Project

The EMS System Configuration Project, Phase II Steering Committee will have its first meeting on May 12. You may recall, the resolution passed at the Joint Commission last month called for three representatives each from Fire and Health and the Mayor's Office was given one seat.

Chief Demmons asked Deputy Chief Condon, Battalion Chief Mike Groshong and Captain Richard Shortall to serve as representatives for the Fire Department. I appointed Anne Kronenberg to represent me, Chris Wachsmuth, Associate Administrator SFGH and Ehrhardt Grootoff, Chief Paramedic as the DPH representatives on the Committee. The Mayor's Office appointed Margine Sako to serve on the Steering Committee and Mike Martin of his Budget Staff to provide technical assistance. Dr. Mitch Katz will act as the convener of the Steering Committee.

Fire Department Blood Pressure Screening Program

The San Francisco Fire Department began its blood pressure screening program this week. Persons who are found to have abnormal blood pressure and do not have a personal physician are referred to a Community Health Network Clinic in their neighborhood for follow-up.

The April statistics for the Department of Public Health are available in the Commission Office.

5) CONTINUATION OF THE PRESENTATION OF SPECIAL PROGRAMS FOR YOUTH

Thabite Mtambuzi, Director of Special Programs for Youth, presented information on the Violence Prevention Task Force; and Christine Davenport presented information on the Juvenite Sex Offender Treatment Program.

6) CONSIDERATION OF A RESOLUTION FOR THE PERFORMANCE AGREEMENT FOR THE MENTAL HEALTH REHABILITATION FACILITY

Jo Ruffin, Deputy Director for Mental Health, and Richard Cordova, Executive Administrator for San Francisco General Hospital, gave an overview of the Performance Agreement for the Mental Health Rehabilitation Facility. The main areas covered in the agreement are:

- **Clinical/Programmatic and Financial Goals**
  - Clinical and Programmatic Goals
  - Financial Principles and Goals

- **San Francisco General Hospital's Commitments and Responsibilities - The Provider Function**
  - Administrative Responsibility
  - Program Description
  - Use of Beds
  - Start-Up
  - Admissions
  - Staffing
  - Licensing and Accreditation
  - Quality Management
  - Emergency Response Plan
  - Reports
  - Patient Financial Services
  - Management Information System (MIS)
  - Medical Care

- **DMS's Commitments and Responsibilities - Broker Function**
  - Intent
  - Payment Methodology
  - Subsequent Years
  - Performance Agreement Monitoring and Evaluation
  - Staffing

- **Joint Responsibilities**
  - Partnership and Collaboration
  - Gatekeeping and Utilization Agreement
  - Evaluation
  - Pharmaceutical Services
  - Management Information System (MIS)

Action Taken: The Commission (Chow, Barnes, Eades, Guy, Monfredini, Terry) adopted Resolution #11 -96, "Approving a Performance Agreement Between Two Divisions of the Department of Public Health: The Division of Mental Health and San Francisco General Hospital, delineating Responsibilities for Operation of the Mental Health Rehabilitation Facility", (see Attachment A).

7) CONSIDERATION OF A SITE APPROVAL FOR SOUTH OF MARKET MENTAL HEALTH SERVICES, WHICH IS BEING PROPOSED TO MOVE FROM 471 JESSIE TO 760 HARRISON STREET

Jo Ruffin, Deputy Director for Mental Health, gave a program overview of the South of Market Health Clinic.

The Department's recommendation to relocate the Clinic is based on the following:

- The Clinic is currently located in an unreinforced masonry building, posing a hazard to clients and staff. The Real Estate Department strongly recommends moving the program as soon as possible.

- The current facility does not comply with the American with Disabilities Act (ADA) standards. This poses a potential funding risk. The building has no elevator. Access to the second and third floors is limited.

- SOMMHS is located in an alley between 5th and 6th Streets, and Mission and Market Street. The current location raises accessibility and safety concerns. The area has a high incidence of crime. Clients have been attacked, some are hesitant or afraid to come into the alley even during the day.

- During the last three years, DMS consolidated and integrated core services. Additional staff from the Family Service Agency, Adult Care Management and Citywide Case Management were moved to SOMMHS. In addition, a new homeless program, the Mobile Support and Treatment Team (MOST) was implemented. The functions of the Clinic as well as staffing expanded. The current staffing level could be accommodated more efficiently and comfortably at a new site.

The Real Estate representative gave the history on the search for a suitable site. Numerous facilities were explored. Negotiations were unsuccessful for a variety of different reasons, including lack of interest from the owners; an unwillingness to remove properties from the market, pending completion of the site approval process; a lack of funds to remodel sites to City specifications; and a lack of interest in long term lease agreements.

The proposed site at Harrison Street is the best site to date. It is centrally located for the South of Market target population (less than four blocks from the current site), accessible to public transportation, and located in a relatively safe area. The building owner is willing to make the necessary remodeling to comply with seismic and ADA requirements.

For the site approval process, the Department reported that all necessary signage and notification was done in accordance with the site approval process format. Normally, there is only one community meeting prior to a Health Commission hearing. In this case, due to the opposition from some of the neighbors, four large community meetings and two small meetings were held with the South of Market Neighborhood Advisory Committee.

Commissioner Barnes thanked the Department for the thorough documentation on this issue. She also thanked the members of the Neighborhood Advisory Council for their questions and expressions of concern on the proposed site.

Public Speakers:

Mrs. Rojas, San Lorenzo Ruiz Center
Jerry Clark
Jim Berk
Frank Isidro, consumer
Linda Morse, M.D.
Charles Harris, consumer
Phyllis Spanglet
Tamara Ching, consumer
Donald Hebrank, consumer

Public Speakers: (Cont'd.)

Leonida David, consumer
Nora Lewis, consumer
Children of elementary school
William Walsh
Mar Canoy, San Lorenzo Ruiz Center
George Wong, Silvercrest
Eva Osetimsky, Yerba Buena neighbor
Jay Beadner, consumer
Nina Okun, 50 Rizal
Baron Miller
Mary Saunders, YBNC
John Garcia, YBNC
Mitch Fine, YBNC
Mike Able, YBNC
R. Kerpis, YBNC
George Williams, S.F. Alliance for the Mentally Ill
M. J. Buffington, S.F. Alliance for the Mentally Ill
Jerry Veverka, California Alliance for the Mentally Ill
Amelia Morgan, S.F. Alliance for the Mentally Ill
Norma Tecson, Filipino American Council
Jong Otanes, Parents Teachers Association
Mark Rosenthal, Multiservice Center, North
Ramon Calubaquib, South of Market Problem Solving Council (SOMPSC)
Emeric Kalman
Roy Crew, citizen
Jennifer Freidenberg
Vivian Imperiale
Jane Sanders, Mental Health Association
Steve Leoni, Mental Health Association
Bridgett Brown, consumer, ILRC
Chris Miller, ILRC
Anna Yee, SOMPSC
Jim Bourgart, Museum Parc Homeowners Association
Renato Pascual

Concerns expressed by the Commissioners were:

- It is sad to see children being used to voice words of hate.
- It is disappointing to see seniors express anger at a vulnerable population (i.e., mentally ill) when seniors themselves are vulnerable.
- It is important not to exacerbate the polarization that has occurred and to acknowledge any errors that were made.
- Mental health facilities are a part of the community in every neighborhood; every age and group of people need to be respected.

- Now the need is to work on a healing process.

- It was disheartening to see the misinformation and level of hate being instigated.

- There is a need to educate and to dispel the myths of the mentally ill. The mentally ill have rights to access City facilities.

- The Commission has the legal right to proceed with the site approval process.

- The ability to understand and communicate with our neighbors is very important. The Department will continue to work with the communities; but it is also important for the communities to work with the Department.

Dr. Hernández made the following points:

- The mission and responsibility of the Department has not all been accomplished in this site approval process. She pointed out there is much work to be done.

- She personally reviewed a listing of alternative sites which were submitted by the community. The notion that these alternatives were brushed aside is not accurate.

- The allegation that the Department misused regulatory authority for the purposes of intimidating residents or programs in the vicinity of the Clinic is not true.

- The Department had not participated in a community problem-solving process at the beginning of the process but is anxious to work with the South of Market problem-solving representatives on issues around senior safety, drug treatment, mental health, and children's programs. The Department sees much work has to be done around healing the fragmentation in the community. The Department will work with the community to resolve this fragmentation.

Action Taken: The Commission (Chow, Barnes, Eades, Guy, Monfredini., Terry) approved the site at 760 Harrison for the South of Market Mental Health Services.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 7:00 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 11-96

APPROVING A PERFORMANCE AGREEMENT BETWEEN TWO DIVISIONS OF THE DEPARTMENT OF PUBLIC HEALTH: THE DIVISION OF MENTAL HEALTH AND SAN FRANCISCO GENERAL HOSPITAL, DELINEATING RESPONSIBILITIES FOR OPERATION OF THE MENTAL HEALTH REHABILITATION FACILITY

WHEREAS, a subacute facility for adults with serious and persistent mental illness has not existed in San Francisco despite the long existing need for such a program; and,

WHEREAS, in 1987 the citizens of San Francisco approved a ballot initiative authorizing the issuance of a bond to be used for the construction of the Mental Health Rehabilitation Facility (MHRF); and,

WHEREAS, construction of the MHRF was completed in 1995; and,

WHEREAS, the MHRF will be licensed as a distinct part skilled nursing facility and will be added to the license issued by the California Department of Health Services to the City and County of San Francisco for the operation of San Francisco General Hospital; and

WHEREAS, the Division of Mental Health and San Francisco General Hospital desire to work together as partners to develop a mental health rehabilitation program at the MHRF which meets the needs of San Francisco residents suffering from serious and persistent mental illness; and,

WHEREAS, the Division of Mental Health and San Francisco General Hospital desire to work together as partners to develop a program at the MHRF which is an integral element of the system of care for which the Division of Mental Health is responsible; and,

WHEREAS, the Division of Mental Health and San Francisco General Hospital desire to work together as partners to develop a program which provides quality services, is cost effective, meets utilization standards, and optimizes Department of Public Health revenue and resources; and,

WHEREAS, the Division of Mental Health and San Francisco General Hospital, including the MHRF, are safety net providers and accept clients regardless of financial, social, or cultural status; and,

WHEREAS, the role of the Division of Mental Health in this partnership is that of a broker of services; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 11-96 (Cont'd.)

WHEREAS, the role of San Francisco General Hospital in this partnership is that of a provider of services; now, therefore, be it

RESOLVED: that the San Francisco Health Commission endorses the concept of Performance Agreements between Divisions of the Department of Public Health, where one entity acts as a broker of services, and the other as a provider of services; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission directs the Director of Health to oversee the compliance of the Performance Agreement between the Division of Mental Health and San Francisco General Hospital for the operation of the new San Francisco Mental Health Rehabilitation Facility.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, May 21, 1996

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 2 of 2

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

L. LaMont Terry, D.M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

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AGENDA

HEALTH COMMISSION MEETING

June 4, 1996
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF MAY 21, 1996

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Presentation of the Department of Public Health Third Quarter Report (January-March 1996) for FY 1995-96.

(3.2) Consideration of a resolution on facility designation to involuntarily detain psychiatric patients for a 72-hour evaluation and 14-day intensive treatment as authorized by the Lanterman-Petris-Short Act.

(3.3) Presentation and consideration of the status of retroactive Department of Public Health contracts for FY 1995-96.

(3.4) Consideration of a Medi-Cal managed care contract with the San Francisco Health Authority.

(3.5) Consideration of a new 5-year lease at $43,200 per year the for San Francisco General Hospital Division of AIDS Unit Oncology Education and Training Unit.

(3.6) **CO - Administration** - Consideration of a contract with the State Department of Corrections to provide medical services at the Elizabeth Fry Center.

(3.7) CHS - AIDS - Retroactive renewal contract with Planned Parenthood in the amount of $54,068, for the provision of HIV/AIDS prevention and education for women, for the period of July 1, 1995 through June 30, 1996. (DPH contracted with Planned Parenthood for services totaling $486,935 during FY 1994-95).

(3.8) CHS - AIDS - Retroactive renewal contract with Black Coalition on AIDS in the amount of $145,000, for the provision of HIV prevention and education services to the African American community, for the period of July 1, 1995 through June 30, 1996. (DPH contracted with Black Coalition on AIDS for services totaling $503,385 during FY 1994-95).

(3.9) DMS - Family Mosaic - Approval of Provider Pool of 177 individuals and agencies to provide services on an as-needed basis for children enrolled in the Family Mosaic Project for a total maximum of $2,900,000 in FY 1996-97.

(3.10) DMS - CMHS - Sole source and contract approval with PSP Information Group in the amount of $466,000, to provide for the design and implementation of interfaces with several software applications, for the period of June 15, 1996 through December 31, 1997.

(3.11) DMS - CMHS - Approval of a new site at 6221 Geary Blvd. for use by Family Services Agency of San Francisco to provide geriatric mental health services.

(3.12) DMS - CSAS - Approval of a new site at 1588 Quesada Avenue for use by Jelani, Inc. to provide new outpatient substance abuse services and media campaign, targeting pregnant and postpartum women and women with children.

4) **DIRECTOR'S REPORT**
(Dr. Sandra R. Hernández, Director of Health)

5) **PRESENTATION OF THE HAZARDOUS MATERIALS ADVISORY COMMITTEE'S ANNUAL REPORTS, 1993-94 AND 1994-95**

6) **CONSIDERATION OF A RESOLUTION FOR AN AMENDMENT TO THE HAZARDOUS MATERIALS ORDINANCE**

7) **CONSIDERATION OF A RESOLUTION REGARDING A POLICY FOR BAYVIEW HUNTERS POINT HEALTH AND ENVIRONMENT ASSESSMENT**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

9) **EXECUTIVE SESSION:** **PURSUANT TO GOVERNMENT CODE SECTION #54956.9, CONFERENCE WITH LEGAL COUNSEL: CONSIDERATION OF A SETTLEMENT FOR MEDICARE REIMBURSEMENT IN THE AMOUNT OF $437,920 IN THE CASE OF SAN FRANCISCO GENERAL HOSPITAL, DEPARTMENT OF PUBLIC HEALTH, CITY AND COUNTY OF SAN FRANCISCO V. DONNA SHALALA, SECRETARY OF HEALTH AND HUMAN SERVICES, U.S. DISTRICT COURT CASE #C95-4150 MHP.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

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Commissioner

Sharon Gadberry, Ph.D.
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HEALTH COMMISSION
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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, June 4, 1996
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:35 p.m.

Present:
Commissioner Debra A. Barnes
Commissioner Edward A. Chow, M.D.
Commissioner Sharon Gadberry, Ph.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Lee Ann Monfredini
Commissioner L. LaMont Terry, D.M.D.

Absent: Commissioner Thomas Lee Eades

2) APPROVAL OF MINUTES OF THE MEETING OF MAY 21, 1996

Action Taken: The Commission unanimously adopted the minutes of May 21, 1996.

Special presentations from Commission President Edward A. Chow were given to Dr. Gisela Schecter, Director of the TB Division since 1984, and to Garth Collins, Director of the Bureau of Health Promotion, who has been a health educator with the Department for 13 years, including his 3-year tenure as Director of the Bureau of Health Promotion.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) Presentation of the Department of Public Health Third Quarter Report (January-March 1996) for FY 1995-96.

101 Grove Street San Francisco, CA 94102

(3.2) Consideration of a resolution on facility designation to involuntarily detain psychiatric patients for a 72-hour evaluation and 14-day intensive treatment as authorized by the Lanterman-Petris-Short Act.

(3.3) Presentation and consideration of the status of retroactive Department of Public Health contracts for FY 1995-96.

Commissioners expressed their difficulty in approving retroactive contracts and voiced the need for the Department to address this issue. Dr. Hernández suggested that instead of trying to solve this by increasing staff, she will work with the Mayor in simplifying the bureaucracy of the contracting process. She will bring back to the Commission in July a status report and a work plan for the first quarter of FY 1996-97 addressing the issue of retroactive contracts.

Public Speakers: Karen Norman, ICHO
Chente Matos, Street Outreach Services
Sacul L'Aonbre, ICHO
Fred Yazzie, Street Outreach Services
Eugene Menifee, Street Outreach Services
Jim Illig, S.F. HIV Contractors Association

(3.4) Consideration of a Medi-Cal managed care contract with the San Francisco Health Authority.

(3.5) Consideration of a new 5-year lease at $43,200 per year the for San Francisco General Hospital Division of AIDS Unit Oncology Education and Training Unit.

(3.6) CO - Administration - Consideration of a contract with the State Department of Corrections to provide medical services at the Elizabeth Fry Center.

(3.7) CHS - AIDS - Retroactive renewal contract with Planned Parenthood in the amount of $54,068, for the provision of HIV/AIDS prevention and education for women, for the period of July 1, 1995 through June 30, 1996. (DPH contracted with Planned Parenthood for services totaling $486,935 during FY 1994-95).

Commissioner Monfredini expressed her concern on the continuing lack of diversity on its Board of Directors relative to the client population.

(3.8) CHS - AIDS - Retroactive renewal contract with Black Coalition on AIDS in the amount of $145,000, for the provision of HIV prevention and education services to the African American community, for the period of July 1, 1995 through June 30, 1996. (DPH contracted with Black Coalition on AIDS for services totaling $503,385 during FY 1994-95).

Norm Nickens provided a history and overview of the development of the Black Coalition on AIDS, including the high turnover of administrative staff and outstanding contract issues with Board members. He reported that on Wednesday, June 5, 1996, Dr. Hernández and the AIDS staff will meet with the Black Coalition on AIDS Board of Directors to express grave concern for liability issues. There is no longer confidence in the present Board to oversee the agency. The Department is committed to maintaining the provision of services to the African American community. Dr. Hernández will provide at the next Commission meeting an update and results of the June 5, 1996 meeting with the Black Coalition on AIDS Board of Directors.

The Commission expressed concern about the future of the Black Coalition on AIDS but has a high priority for services to be continued to the clients. The Commission expressed support for this retroactive contract.

Public Speakers:	Etta Brown, BCA Interim Executive Director Herman Storey, President BCA Board Gerald Lenoir, former BCA executive Director Zwazzi Sowo, BCA Expanola Jackson Rev. Dr. Harold Cottman Tony Allen, person with AIDS Kerrington Osborne, community member Naomi Gray, self-employed

Commissioner Monfredini thanked the BCA staff and community representatives for their support for services to the clients in need.

(3.9) DMS - Family Mosaic - Approval of Provider Pool of 177 individuals and agencies to provide services on an as-needed basis for children enrolled in the Family Mosaic Project for a total maximum of $2,900,000 in FY 1996-97.

Postponed to a future meeting.

(3.10) DMS - CMHS - Sole source and contract approval with PSP Information Group in the amount of $466,000, to provide for the design and implementation of interfaces with several software applications, for the period of June 15, 1996 through December 31, 1997.

(3.11) DMS - CMHS - Approval of a new site at 6221 Geary Blvd. for use by Family Services Agency of San Francisco to provide geriatric mental health services.

(3.12) DMS - CSAS - Approval of a new site at 1588 Quesada Avenue for use by Jelani, Inc. to provide new outpatient substance abuse services and media campaign, targeting pregnant and postpartum women and women with children.

Action Taken: The Commission (Chow, Barnes, Gadberry, Guy, Monfredini, Terry) approved the Consent Calendar of the Budget Committee, except for #3.9, which was postponed to a future meeting.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

BUDGET

State Budget

The May Revise of the Governor's Budget provided few changes to the proposed State budget for next year. In the area of Health, the Governor continues to propose the elimination of psychologist, optometry, and podiatry MediCal optional services, and MediCal prenatal services to undocumented women. The Governor's budget includes a reduction to the AFDC and SSI benefit payments, which may impact SF clients' ability to maintain adequate housing.

The budget includes an augmentation for Teen Pregnancy Prevention and Family Planning Programs, although allocation guidelines have not yet been formulated by the State. Finally, the Governor's budget includes an increase for the cost of four new AIDS drugs on the MediCal formulary.

City and County Budget

The Mayor released his FY96-97 budget yesterday, and I am happy to report that the Department of Health will benefit from several program augmentations next year, consistent with the Commission's policy direction. The Department's General Fund contribution from the City and County increases from $112 million in this fiscal year, to $131 million for next fiscal year. The overall budget will increase from $698 million in FY 1995-96 to $736 million for FY 1996-97 representing a 5.4% increase in overall expenditures.

The Mayor approved the following requests for FY 1996-97 which require new General Funds:

- backfill funding for on-going support programs formally funded by four federal substance abuse grants which expire in June;
- $2.54 million to offset net reduction Ryan White Care dollars to support services to people with HIV disease;
- annualizing the cost to operate the Mental Health Rehabilitation Facility;
- annualizing the operating cost of the new County Jail, which opened in this fiscal year;
- enhancement of core public health functions, including the breast cancer project and staffing for EMS;
- development of a senior disaster registry program;
- augmentation to the Childhood Lead Prevention program;
- funding for a multidisciplinary homeless team to work in shelters and other community settings;
- additional supportive housing funding for Mental Health;
- an operating subsidy for the 100 bed Victorian Manor senior residential care facility; and
- funding to restructure and provide additional staffing to support the Medical Staff Office at San Francisco General Hospital.

The Mayor approved several other initiatives which do not require significant additional General Fund dollars:

- customer service training and marketing expenses for the Community Health Network (funded by Medicare and Medi-Cal revenue);
- expansion of the Home Health Agency (funded by Medicare and approximately $60,000 in new General Fund);
- expansion of MediCal funded mental health services for children and adults; and
- the prime vendor program proposed in this fiscal year was approved by the Mayor, and is reflected in next year's budget.

With respect to our proposed reductions, the Mayor agreed to reduce the level of nursing administration at Laguna Honda and accepted our proposals to consolidate dental services and eliminate vacant positions in order to reduce our costs.

MANAGED CARE

1115 Waiver

The Health Care Financing Administration (HCFA) provided the State its guidelines for demonstration projects similar to Los Angeles County's. According to HCFA, the county must:

- have a public hospital or hospitals;
- be committed to restructuring its health system toward outpatient care;
- meet the budget neutrality requirements of Section 1115; and
- comply with public notice requirements.

If a county meets these criteria and the State supports the demonstration project (which is "identical or nearly identical to Los Angeles County's"), then HCFA will work with the State and the county to fully develop the proposal. HCFA reiterated that it will not enter into any agreements or demonstration projects with counties directly. The State must submit the proposal or application on behalf of the county. I will continue to keep the Health Commission apprised of the Department's discussions with HCFA and the State Department of Health Services.

Managed Care

The State Department of Health Services recently revised the minimum and maximum enrollment numbers for the Local Initiative and the commercial plan for Medi-Cal Managed Care. The minimum and maximum enrollment levels apply only to the first day the two-plan model becomes operational. After this time the State will not guarantee either plan minimum or maximum levels.

Based on September 1994 data, a total of 52,010 San Francisco Medi-Cal recipients must be mandatorily enrolled in managed care. Of this amount, the local initiative (San Francisco Health Plan) will be guaranteed a minimum enrollment of 31,518 beneficiaries on the first day of the two-plan model. The San Francisco Health Plan could enroll more than this number. The commercial plan (Blue Cross) enrollment is capped at a maximum enrollment is 20,492. Blue Cross' enrollment cannot exceed this number. The Department has yet to get any movement from State DHS on assuring the start-up of both plans simultaneously.

STATE LEGISLATION

Disproportionate Share

Assembly Bill 1184 (Friedman) sponsored by the California Association of Public Hospitals and Health Systems (CAPH), proposes to reduce the State $239.5 million "administrative fee" for the SB 855 Medi-Cal disproportionate share program to $1 million. The State originally placed the administrative fee on the program to help alleviate its financial crisis during the recession. Since the DSH program started in 1991, the State has collected over $850 million.

The Medi-Cal disproportionate share program provides supplemental funding to a limited number of hospitals that treat large volumes of low-income patients. The program is funded solely by local public entities; county hospitals, hospital districts and the University of California. Local funding is matched with available federal funding and then distributed to both public and private hospitals eligible for the program.

If Assembly Bill 1184 passes, estimates are that San Francisco could receive a significant augmentation in DSH funding. The Senate Health and Human Services Committee will hear this bill tomorrow, Wednesday, June 5th.

ADMINISTRATION

Peace Walkathon

This weekend marked the start of the First Annual Bay Area Peace Walkathon. This is an outgrowth of the Mission District Community Peace Initiative, a collaborative effort of the Real Alternative Program (RAP) and the Central American Resource Center (CARECEN). Over 60 DPH/UCSF employees including; Richard Cordova, the Community Health Network (CHN), the SFGH Violence Prevention Task Force, and staff from LHH and CPHS participated in the march. The Department also continues to provide in-kind planning support to the efforts of the Mission Peace Initiative.

The CHN Team wore CHN T-shirts and carried a banner. After the walk, employees staffed information tables promoting healthy communities and encouraging the public to learn more about CHN services.

Follow-up to South of Market Clinic Hearing

The South of Market Neighborhood Advisory Committee has appealed the Health Commission's May 21st ruling on the South of Market Mental Health Clinic. The Housing and Land Use Committee of the Board of Supervisor's will hear the appeal on Thursday, June 20th.

As you recall, one of the issues raised by the Neighborhood Advisory Committee was that the Department was abusing its regulatory powers, in effect assigning Health Inspectors to "harass" the community through unfair inspections of community institutions. I asked Jack Breslin to investigate these allegations and provide me with a report on the activities of the Health Inspectors in the South of Market area.

According to the records, inspections were conducted by District Inspectors from Silver Avenue Family Health Center (formerly HC #3) for the entire Eastern area of the city. All institutional type facilities and schools were surveyed, not only those in the 4th and Harrison St. areas. These routine inspections were performed at 5 food banks, 20 senior citizen centers, 8 neighborhood/community centers, 7 churches, 21 child care centers, and 9 miscellaneous groups.

Regarding the status of inspection of the Salvation Army on Harrison Street, the facility was inspected in September, 1995 and again in April, 1996. Additionally, the Principal Inspector for the Silver Avenue Family Health Center also serves on the Salvation Army Advisory Board and visits the center monthly.

SAN FRANCISCO GENERAL HOSPITAL

SFGH Parking Garage

Five Star Parking, in a joint venture with Universal Parking Resources, has been selected as the system operator. Five Star brings over fifteen years of experience in the management of complex parking operations to our campus. Planning and design activities are underway for a variety of campus parking lot improvements which will be incorporated into the new SFGH parking system.

The rates will be proposed at $65 Campus, $35 Garage, and $25 night/weekends. The rate package as well as approval of the Residential Parking Permit system and other street changes will be heard at the June 11 Government Efficiency and Labor Committee of the Board. The Mayor's Office has been instrumental in forging a consensus on these rates with labor organizations, DPT and DPH.

Diversion Statistics

Critical Care Diversion for the period May 1 through 31, 1996 was 6 hours and 10 minutes or 0.8%. The Emergency Department diverted for 11 hours and 30 minutes or 1.5%.

LAGUNA HONDA HOSPITAL

Hospital Based Nursing Facility Study

The San Francisco Section of the West Bay Hospital Conference is sponsoring a study of long-term care bed needs for San Francisco, called the Hospital-Based Nursing Facility (NF) Study. This study will: (1) analyze the potential supply of long term care beds by determining the total number of acute care beds which can be converted to NF beds, or other post-acute care users in the future; (2) evaluate the potential demand for long term care beds by considering the needs of the whole population which may require such care, and projecting a total demand for the years 2000 to 2020; and, (3) review overall institutional seismic capability, focusing on each hospital's ability to be compliant with the requirements of SB 1953.

All San Francisco hospitals are participating in this study, including Laguna Honda and San Francisco General. The study will take 12 weeks, and will be completed by mid-August, 1996. I will keep the Commission apprised of the outcome of this study.

COMMUNITY PUBLIC HEALTH SERVICES

Update on 1996 HUD SuperNOFA/ Homeless Services

I am pleased to report that a number of proposals sponsored by DPH for health care services targeted to homeless people have, through community consensus, been assigned high priority rankings within the City's 1996 McKinney Housing Application to HUD, due June 12, 1996. As you may know, the HUD "SuperNOFA" combines three funding categories: Supportive Housing Program (SHP), Shelter Plus Care Program (S+C), and Section 8 Moderate Rehabilitation Single Room Occupancy Program for Homeless Individuals (SRO). A total of $675 million in new programs will be awarded through this year's funding process.

In addition to reflecting community acknowledgment that substance abuse treatment and other health care services are critically linked to housing, the rankings are important because, for the first time ever, HUD is requiring that applications proposing multiple projects rank each one in order of priority. The ranking of each project will be used by HUD in the scoring of each under the "need" criteria.

Culminating an extended community process led by Mark Trotz of the Mayor's Office, the development and ranking of proposed projects constituted an eight-week planning effort that included multiple community and City meetings and required much interdivisional planning within the Department.

Out of 31 projects proposed for inclusion in the City's application, the following were sponsored or assisted in development by DPH:

	Amount Requested (3 Years)	**Rank (Out of 31)**
• Residential Substance Treatment for Families (provider: Women's Alcohol Center).	667,000	5
• Outpatient Substance Abuse Treatment for Families (providers: Jelani House, Iris, Women's Alcohol Center, Homeless Prenatal Program).	1,879,000	7
• Shelter Plus for Individuals in Service Programs (Sponsored by DSS in conjunction with four DPH service programs: the MOST Team, Tom Waddell Health Center, Citywide Case Management, and Adult Day Health).	913,500 (5 Years)	16

• Transitional housing for women (Epiphany Center).	575,000	23
• Residential Substance Abuse/Mental Health Treatment for Singles (due to low priority ranking, this proposal will not be included in the application).	300,000	31

Even under the worst case allocation scenario, the prospects that funding will be awarded for community-based medical detox, residential substance abuse treatment for families, and outpatient substance abuse treatment for families—all targeted specifically to homeless people—remain promising as a result of high priority ranking for these projects. Together, these three proposals represent 46.7% of the first $8.6 million (including administrative cost) of priority-ranked programs to be contained in the HUD application. Such pronounced community-wide commitment to increasing access of homeless people, particularly women with families, to substance abuse treatment is consistent with recommendations contained in the City's Continuum of Care Plan.

Throughout proposal preparations, a number of DPH staff Charlie Morimoto, Barry Zevin, MD, Blanche Korfmacher, Wayne Clark, Bob Surber, and Elizabeth Anello, among others, have worked diligently with the Mayor's Office, community advocates, other City departments, and service providers to develop the proposals for health services. We will provide you with a completed application as soon as it is available and are hopeful that our efforts will result in new services to enhance the ability of homeless people to access and retain permanent housing.

BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT

Alternate Work Schedule (AWS) - Pilot Program

Collective Bargaining Agreements reached in 1995 with Transport Workers Union Local 250A and Professionals and Engineers Local 21 stipulate the attempt to establish an alternate work schedule for represented staff. AWS will consist of one 5-day work week and one 4-day work week Monday through Friday, totaling 80 work hours in a biweekly period.

A total of 45 employees are proposed for the pilot program, consisting of both Inspectors and clerical personnel. The trial program is recommended for one quarter (3 months) and may be extended an additional quarter if results are not conclusive. The program may be extended or canceled at any time during this period by the Director of Health.

A number of benefits were identified which would have a positive impact not only for the participants but also for the Bureau of Environmental Health Management and the regulated communities to which we provide services. One benefit to the Bureau would be in recruitment of experienced personnel in direct competition with other counties, the majority of which currently have alternate work schedules. Another fiscal benefit to the Bureau exists in the opportunity to reduce the amount of compensatory time paid for work performed during non-regular work hours. Currently, 7% of the compensatory time occurs within the proposed expanded hours of the pilot program.

Service benefits associated with an alternate work schedule include the following:

- There would be easier access of the working public to Bureau staff after 5:00 p.m. This includes being able to reach the public by telephone as well as the public having access to Bureau offices after 5:00 p.m. for workshops, meetings and consultations.
- There would be an increase in service time available for work presently being performed during non-regular work hours.

5) PRESENTATION OF THE HAZARDOUS MATERIALS ADVISORY COMMITTEE'S ANNUAL REPORTS, 1993-94 AND 1994-95

Dr. Larry Meredith, Deputy Director of CSAS, Forensics, and BEHM, introduced Barney Popkin, HMAC Co-Chairperson. Mr. Popkin presented the HMAC's annual reports for 1993-94 and 1994-95; with the recommendations of the reports.

Sue Cone, Hazardous Materials Administrator, reviewed the Department's response to the recommendations and provided an update on each of the program elements, (Attachment A).

President Chow made a special presentation to Howard Strassner, a charter member of the HMAC since 1984 and who is retiring from the HMAC.

6) CONSIDERATION OF A RESOLUTION FOR AN AMENDMENT TO THE HAZARDOUS MATERIALS ORDINANCE

Sue Cone, Hazardous Materials Administrator, reported that in collaboration with the City Attorney's Office, staff of the Bureau of Environmental Health Management Hazardous Materials Program have drafted an amendment to the Hazardous Materials Ordinance, Article 21 of the Health Code, (Attachment B). This amendment makes modifications to requirements for facilities that use acutely hazardous materials such as chlorine gas, ammonia, or sulfuric acid, and modified the fee structure for such facilities.

Action Taken: The Commission (Chow, Barnes, Gadberry, Guy, Monfredini, Terry) approved the Resolution for an amendment to the Hazardous Materials Ordinance.

7) CONSIDERATION OF A RESOLUTION REGARDING A POLICY FOR BAYVIEW HUNTERS POINT HEALTH AND ENVIRONMENT ASSESSMENT

Dr. Larry Meredith, Deputy Director of CSAS, Forensics, and BEHM, introduced the other two co-chairs with him of the Bayview Hunters Point Health and Environment Task Force: Francine Carter and Cynthia Selmar. He reported that representatives of the Department of Public Health and the Bayview Hunters Point Community have been working collaboratively to identify the health and environmental problems affecting residents of the Bayview Hunters Point community. In addition, participants have developed a joint community-Department partnership to guide project planning, priority setting and to share decision making relative to the achievements of project goals. Dr. Meredith gave an overview of the project, (Attachment C).

Francine Carter presented the community perspective and acknowledged all of the participants in the project.

Public Speakers:
Espanola Jackson, District 7 Democratic Club
Raymond Tompkins, BVHP Health and Environment Task Force
Wendy Brummer-Kocks, Southeast Alliance for Environmental Justice
Linda Richardson, Southeast Alliance for Environmental Justice
Dr. Phillip Gardiner, Northern California Cancer Center
Claude Wilson, Southeast Alliance for Environmental Justice
Barney Popkin

4

Dr. Hernández reported to the Commission that she will bring back to the Commission a proposed workplan and a proposed multiyear budget. The budget for this project would be General Funds matched with Federal, State, and private industry funds. A supplemental request in the first quarter of FY 1996-97 would be proposed to the Commission. Initially, the Department will continue to provide in-kind Department resources and will fund two positions specific for this project. Dr. Hernández sees that the results from this project could serve as a prototype for other areas and communities.

Commissioner Barnes expressed her support for this project and sees this as a high priority in the Department.

Action Taken: The Commission (Chow, Barnes, Gadberry, Guy, Monfredini, Terry) approved Resolution #12-96, "Endorsing an Environmental Health Assessment in the Bayview Hunters Point Community", (Attachment D).

8) OTHER BUSINESS/PUBLIC COMMENTS

Public Comments: Tom Calvanese, CARE Council, raised his concerns on the outcome of the RFP process for Tenderloin HIV Services.

Dr. Hernández will look into this matter and give a report to the Commission on the issues raised.

9) EXECUTIVE SESSION:

PURSUANT TO GOVERNMENT CODE SECTION #54956.9, CONFERENCE WITH LEGAL COUNSEL: CONSIDERATION OF A SETTLEMENT FOR MEDICARE REIMBURSEMENT IN THE AMOUNT OF $437,920 IN THE CASE OF SAN FRANCISCO GENERAL HOSPITAL, DEPARTMENT OF PUBLIC HEALTH, CITY AND COUNTY OF SAN FRANCISCO V. DONNA SHALALA, SECRETARY OF HEALTH AND HUMAN SERVICES, U.S. DISTRICT COURT CASE #C95-4150 MHP

Action Taken: The Commission unanimously approved the proposed settlement for Medicare reimbursement in the amount of $437,920.

Action Taken: The Commission finds that it is in the best interest of the public not to disclose its closed session deliberations.

The meeting was adjourned at 6:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (4)

HAZARDOUS MATERIALS ADVISORY COMMITTEE
ANNUAL REPORT 93-94 AND 94-95
DPH RESPONSE TO RECOMMENDATIONS

A. STATE REQUIRED CONSOLIDATION (SB 1082)

- DPH should continue to work with the State to finalize the CUPA application.

The Certified Unified Program Agency (CUPA) application has been finalized and submitted to the State Department of Toxics Substances Control(DTSC). DTSC staff has reviewed the application and has determined that it is substantially complete. San Francisco is on a "fast track" to be certified as a CUPA and will most likely be one of the first agencies certified in the State.

- DPH should initiate cross-training for Haz Mat and Haz Waste staff to implement CUPA program elements.

Formal cross training of hazardous waste and hazardous materials staff will begin this spring when DTSC will be offering classes in implementation of hazardous waste programs free of charge to CUPA applicants. On-the-job cross training will begin shortly thereafter.

B. HAZARDOUS MATERIALS REGISTRATION

- DPH should coordinate with the San Francisco Tax Collector and new-business clerk to obtain current information on new businesses.

DPH has received information from the Tax Collector regarding new businesses and continues to work with them to obtain updated information.

- DPH should continue on-going investigations with utility services, such as telephone, gas and electric, water and sewage, to obtain current information on new businesses.

The utilities will not release customer lists. We have found it much more efficient to continue our work with the Tax Collector. Additionally, we review McCord's Daily (a business publication) that lists new businesses. We have found this to be one of the most efficient methods of new business identification. Another method that has proved successful is filed screening or the identification of new businesses via an On-site visit.

- DPH should provide on-going training to DPH staff, especially in health and safety, USTs, hazardous materials management, and management information systems.

Staff currently receives health and safety training refresher classes on a yearly basis. Training funds have been set aside in the budget for on-going training in hazardous materials management, USTs, and management information systems.

- DPH should solicit new hires for secretarial and administrative support.

Prior to soliciting for new hires, new positions need to be established. The Bureau has a well documented administrative staff shortage. Once Bureau staff is consolidated in a single location, administrative staff workload will be evaluated and appropriate re-assignments made.

C. HAZARDOUS MATERIALS PERMITTING

Acutely Hazardous Materials Permitting

- DPH should investigate the possibility of combining the requirements for AHM Permitting into the RMPP process, so as to ease the burden of compliance for businesses and facilitate implementation and enforcement by staff. This may require changes to the HMO.

DPH is proceeding to amend the Hazardous Materials Ordinance to eliminate the AHM Permitting process and provide clear authority to require Risk Management and Prevention Plans from businesses.

UST Permitting

- DPH should provide on-going training of DPH staff in UST inspections.

Efforts to cross train all Haz Mat staff to perform UST inspections are continuing. By the end of this fiscal year all staff should be fully trained.

- DPH should work toward permitting of all active USTs.

All active USTs that meet current permitting requirements will be permitted by the end of this fiscal year.

- DPH should increase education and outreach efforts to UST owners, so that they can plan actions that will bring them into compliance with the 1998 deadline as well as to businesses, for example, South of Market, Bay View, and Hunters Point districts.

Hazardous Materials staff have offered a workshop for UST owners regarding the 1998 upgrade requirements. The workshop was well received by the 60 attendees. Another workshop is scheduled for early May.

Risk Management and Prevention Plans

- DPH should investigate the possibility of combining the requirements for AHM Permitting into the RMPP process, so as to ease the burden of compliance for businesses and facilitate implementation and enforcement by staff. This may require changes to the HMO.

DPH is in the process of amending the hazardous Materials Ordinance to eliminate AHM permitting and provide authority for RMPPS.

- DPH should re-assign or hire staff or contract outside to review RMPPs.

Three proposals have been received as the result of an RFP to hire a consultant to review RMPPs for DPH. The contract should be awarded and the program should be fully implemented by the end of this fiscal year. Additionally, a 6138 industrial hygienist has been recruited and hired to oversee the RMPP program.

D. INSPECTIONS

- DPH should hire additional inspectors in order to inspect businesses more frequently than once every three years, thus improving safety at no net increase in cost.

The Haz Mat Program and the proposed CUPA is currently not staffed and funded to inspect businesses, except acutely hazardous materials facilities, more frequently than once every three years. Acutely hazardous materials facilities are inspected annually.

E. DATA MANAGEMENT

- DPH should continue in its data base development efforts.

DPH is continuing in its data base development, utilizing MIS as well as hazardous materials staff resources to expedite the process.

F. ENFORCEMENT

- DPH should continue to use enforcement as required in order to increase safety.

DPH continues to have a good working relationship with both the Office of the District Attorney and the City Attorney. We recently collected a penalty in the amount of $29,000 for a reporting violation of the hazardous materials ordinance.

G. COMMUNITY AND BUSINESS EDUCATION AND TRAINING

- DPH should increase the outreach and education for hard to reach businesses and communities, for example, South of Market, Bay View, and Hunters Point districts.

In addition to the UST workshops, staff also offer regular question and answer sessions and workshops to businesses who are in the process of complying with the hazardous materials ordinance. As requested, staff also do presentations for community groups, schools, etc.

- DPH should increase its education and outreach efforts for UST owners so they can plan to meet new requirements effective in 1998.

In 1995, staff of the Hazardous Materials Program presented a workshop regarding the 1998 UST upgrade requirements for tank owners. The workshop, which was attended by approximately 60 individuals, was well received by all in attendance.

- CAO should continue their household hazardous waste program and small business generator programs.

The CAO's Office is continuing its household hazardous waste program and small business generator programs.

- DPH and CAO should provide businesses and City agencies with additional information and suggestions of methods and materials to reduce their use of hazardous materials and the generation of hazardous waste.

Businesses are encouraged to reduce the amount of hazardous waste they produce. A fee schedule based upon quantity of hazardous materials stored encourages this. As part of their hazardous materials registration, some businesses are required to prepared a hazardous materials reduction plan.

H. LOCAL OVERSIGHT PROGRAM

- DPH LOP should continue its oversight of sites contaminated as a result of leaky underground storage tanks.

The LOP is continuing to oversee sites. They consistently receive "high marks" from the State Water Resources Control Board for program implementation. The site closure rate for San Francisco is the highest in the state. (32% vs. 23%)

I. EMERGENCY RESPONSE

- DPH should work toward development of software to enable electronic inventory data transfer to the Fire Department.

DPH is continuing data management development to allow eventual electronic inventory data transmission to the Fire Department.

- The Fire Department, in conjunction with the DPH should continue to pursue installation of specialized software such as CAMEO on the Haz Mat vehicle to support emergency response.

Progress has been made in increasing fire Department accessibility to electronic data. A personal computer has been donated to the Fire Department by PG&E. This computer, maintained on the hazardous materials response rig, is capable of assessing hazard information for a wide variety of chemicals commonly found in San Francisco.

J. HOUSEHOLD HAZARDOUS WASTE

- Increase the number of well publicized neighborhood special event household hazardous waste collection sites utilized each year.

The Household Hazardous Waste Facility will continue to operate at 501 Tunnel Ave. Logistics make neighborhood events difficult and sometimes present a hazard to the community.

- Develop an alternate neighborhood collection method for each neighborhood which will ultimately replace the special events and reduce the need for residents to carry hazardous materials long distance to the existing HHWCF.

The CAOs Office is currently investigating the feasibility of curb side pick up of household hazardous waste.

- Businesses should be encouraged to properly dispose of hazardous wastes, and the Very Small Quantity Generator program is a good idea, so long as any proposed expansion encompasses terms and conditions developed by the Local Assessment Committee and approved by the Planning Commission and that the project conforms with the hazardous waste management plan as implemented in the Planning Code and Master Plan.

Businesses are encouraged to reduce the amount of hazardous waste they produce. A fee schedule based upon quantity of hazardous materials stored encourages this. As part of their hazardous materials registration, some businesses are required to prepared a hazardous materials reduction plan.

L. STAFFING

- DPH should fill the Senior Industrial Hygienist Position.

The senior industrial hygienist position was returned to the OSH Program, which is where it originated. In exchange, the hazardous materials program received a vacant industrial hygienist position. An individual has been hired to fill this position.

M. REVENUE AND EXPENSES

No recommendations

N. BUDGET REQUIRED CONSOLIDATION

- Acquire additional developer and/or Redevelopment Agency funds to properly staff and monitor toxic clean-up of Mission Bay, Hunter's Point, Presidio, and Treasure Island.

Additional funding has been received from the redevelopment agency to fund a half time remediation specialist to assist in oversight of Hunters Point.

HAZARDOUS MATERIALS ORDINANCE AMENDMENT

EXECUTIVE SUMMARY

CURRENT REQUIREMENTS

Businesses that store acutely hazardous materials in quantities greater than thresholds established by the State, are required to obtain a permit. Permit fees are based upon the amount of hazardous materials being stored and the number of hazard classes represented. This fee calculation method is cumbersome and permit requirements are somewhat redundant with already established State requirements to prepare a Risk Management and Prevention Plan. Information obtained during the permit process is minimal and has not proven to be substantially useful for increasing the level of safety in the City.

PROPOSED MODIFICATIONS

The proposed amendment to the Hazardous Materials Ordinance:

- Establishes Division IV Risk Management and Prevention Program in Article 21 (Attached to this summary)
- Incorporates, by reference, the RMPP requirements of the CA Health and Safety Code, Chapter 6.95.
- Provides clear authority to DPH to implement the Risk Management and Prevention Program (RMPP).
- Establishes RMPP fees as follows:

Comprehensive RMPP fee (one time)	$3500
Modified RMPP fee (one time)	595
Annual Comprehensive RMPP fee	340*
Annual Modified RMPP fee	170*

- Eliminates AHM Permitting as it previously existed.
- Incorporates appropriate definitions regarding AHMs.
- Makes other insignificant changes to the ordinance for clarity and consistency with existing statutes.

* Includes a fee for annual inspections of AHM facilities.

IMPACT OF AMENDMENT

Operational -- The proposed amendment eliminates duplicative effort and establishes further consistency between local and state requirements, and therefore represents "good government". The modifications are consistent with current work load and staffing levels. This provides for more equitable implementation among all businesses in the regulated community. Amendment approval will result in an improvement in the level of safety in the City, since we will be given express authority to request RMPPS from businesses and charge fees which have been determined to be adequate to cover program costs.

Fiscal -- There are approximately 50 facilities in the City that will fall within the scope of the new ordinance amendment. Of these, 10 would be considered "Comprehensive Facilities" and the remainder would be considered "Modified Facilities". This distinction is made based upon the physical state of the acutely hazardous material being stored. Since the degree of hazard and the potential for negative off-site consequences in the event of a release is greater for a material in the gaseous form, these facilities are classified as "comprehensive". AHMs stored in the solid and liquid form have a lower potential for off-site consequences and so are classified as "modified". Based upon this distinction, the revenue that can be expected once this amendment is implemented is as follows:

First Year:

10 X $3500 = $35,000
40 X $595 = $23,800
TOTAL $58,800

Note: An RFP for services to review the 10 comprehensive RMPPs in the amount of $35,000 has recently been issued and the proposals reviewed. We expect that a contractor will be on board by the end of the fiscal year.

Subsequent Years:

10 X $340 = $ 3,400
40 X $170 = $ 6,800
TOTAL $10,200

Bayview Hunters Point
Health and Environmental Assessment Project

Overview

During the last 18 months representatives of the Department of Public Health (DPH) and the Bayview Hunters Point (BVHP) community have collaborated to establish a BVHP Health and Environment Assessment Project. Initially formed to address the health related questions raised by the proposed siting in the Bayview Hunters Point of the cogeneration facility by the California Energy Commission (CEC), the team broadened its focus to include the identification and analysis of environmental/toxics factors present in the community that either have in the past or are currently undermining the health and well-being of the residents.

Utilizing existing Federal, State and local data the project team completed an inventory of toxic sites/factors by San Francisco Zip Code. Population based comparison of toxic sites/factors across all Zip Codes was made possible by converting each factor to a rate per 1000 residents. The comparison of the rates to each other and across all geographic areas provides a measure of the toxic loading for each area. The data clearly documents that the Bayview Hunters Point community (Zip Code 94124) bears a toxic burden that is far greater than any other neighborhood in San Francisco.

The Department of Public Health also analyzed cancer data for the period 1988-1992 and found that, based on age and race specific rates, the incidence of cervical cancer in all women and invasive breast cancer among African-American women under the age of 50 years in Bayview Hunters Point was nearly twice what would be expected for comparable women living in San Francisco and the Bay Area. In addition, this cancer study found elevated rates, although not statistically significant, in other cancers including childhood and bladder cancer in males, non-Hodgkin's lymphoma, leukemia, lung and brain cancer in females (Attachment 3). Preliminary public health data suggest that Bayview Hunters Point residents may suffer from higher rates of respiratory illnesses such as bronchitis and asthma, when compared to the rest of San Francisco. Further, preliminary examination of cancer mortality rates in San Francisco indicate that the rates for African Americans are considerably higher than other race/ethnic groups.

Residents of the Bayview Hunters Point area have borne a disproportionate "toxic burden" over the last five decades. However, direct linkages between the "toxic burden" and deleterious health consequences will require further investigation. The Health Departments findings of certain elevated cancer rates, with the probability of other respiratory illnesses and the preliminary findings of elevated cancer mortality rates among African Americans, all argue forcefully for a more focused assessment of health conditions and their antecedent conditions in this community.

The next phases of the Project will require funding support to design protocols to investigate in greater detail the environmental and health conditions of the Bayview Hunters Point community. Attachment A provides a graphic representation of the key components to the proposed Health and Environmental Assessment Project and their interrelationship; Health/Disease Studies, Exposure Assessment, Risk Management, Risk Assessment. This proposal outlines the Project's core components, scope of work, phasing plan and budget, and principles guiding the collaboration, as developed by the BVHP Health and Environmental Assessment Project team.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 12-96

ENDORSING AN ENVIRONMENTAL HEALTH ASSESSMENT IN THE BAYVIEW HUNTERS POINT COMMUNITY

WHEREAS, representatives from the Department of Public Health and the Bayview Hunters Point Community have been collaborating for the past eighteen months in the Bayview Hunters Point Health and Environment Task Force; and,

WHEREAS, the collaboration has produced documentation of the disproportionate burden of certain toxic substances borne by the Bayview Hunters Point community; and,

WHEREAS, there is need for further documentation of the extent and nature of other toxic substances that might be present in the Bayview Hunters Point community; and,

WHEREAS, an analysis of cancer incidence data discovered statistically significant elevated instances of cervical and breast cancer among African American women under the age of 50; and,

WHEREAS, there is need for further documentation of health problems that might be associated with exposures to toxic substances; and,

WHEREAS, the Bayview Hunters Point Health and Environment Task Force has developed an environmental health assessment research project that will continue the documentation of toxic substances and possible associated health problems; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco does hereby endorse an environmental health assessment research project in the Bayview Hunters Point community; and, be it

FURTHER RESOLVED, that the Health Commission of the City and County of San Francisco urges the Mayor and the Board of Supervisors to endorse an environmental health assessment research project in the Bayview Hunters Point community; and, be it

FURTHER RESOLVED, that the Health Commission of the City and County of San Francisco urges the Mayor and the Board of Supervisors to support the efforts of the Department of Public Health to secure funds and assistance on behalf of the Bayview Hunters Point Health and Environment Task Force to carry out an environmental health assessment in the Bayview Hunters Point community.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, June 4, 1996

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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/18/96

AGENDA

HEALTH COMMISSION MEETING

June 18, 1996
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF JUNE 4, 1996

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Consideration of a contract between BAY CARE, an independent practice association, and the Department of Public Health, to participate in the Local Initiative component of Medi-Cal Managed Care.

(3.2) Consideration of a contract between the Department of Public Health and the U.C.S.F. Clinical Practice Group at San Francisco General Hospital, for medical services provided under managed care.

(3.3) CHS - AIDS - Retroactive renewal contract with California Pacific Medical Center in the amount of $1,396,899 for the provision of AIDS Hospice and Intermittent Home Care and MIA Home Care, for the period of July 1, 1995 through June 30, 1996. (DPH contracted with California Pacific Medical Center for services totaling $10,025,703 during FY 1994-95).

(3.4) CHS - AIDS - Request for a Sole Source and contract approval for five State funded contracts, for the total amount of $692,000 for the provision of prevention and education services, for the period of July 1, 1996 through June 30, 1997.

(3.5) CHS - AIDS - Request for a Sole Source and contract approval for eight General Fund funded contracts with ten programs for the total amount of $652,336, for the provision of prevention case management, health education and risk reduction services, and client level interventions, for the period of July 1, 1996 through June 30, 1997.

(3.6) CHS - AIDS - Renewal contract with San Francisco AIDS Foundation in the amount of $2,038,629 for the provision of HIV/AIDS prevention services and psychosocial support services for the period of July 1, 1996 through June 30, 1997. (DPH contracted with San Francisco AIDS Foundation for services totaling $4,117,127 during FY 1994-95).

(3.7) CHS - Family Health - Contract modification with Glide Foundation in the amount of $16,500 to provide outreach services to Tenderloin residents for the period of July 1, 1995 through June 30, 1996. (DPH contracted with Glide Foundation for services totaling $265,754 during FY 1994-95).

(3.8) CHS - Family Health - Renewal contract with C.A.H.E.E.D., Inc. in the amount of $115,000, to provide outreach support and perinatal education services, as well as Afrocentric parenting classes in the Bayview Hunters Point District for the period of July 1, 1996 through June 30, 1997. (DPH contracted with C.A.H.E.E.D., Inc. for services totaling $161,499 during FY 1994-95).

(3.9) CPHS - Admin. - Retroactive renewal of a contract with Bayview Hunters Point Foundation in the amount of $147,500 for 1995-96, and a two-year sole source and contract approval in the amount of $150,000 per year for 1996-97 and 1997-98, to provide mental health counseling and social service referrals to survivors of incidents of violence through the Critical Response Team (C.I.R.T.) for the period of July 1, 1995 through June 30, 1998. (DPH contracted with B.V.H.P. for services totaling $6,903,040 during FY 1994-95).

(3.10) DMS - CSAS - Renewal contract with Symphony/MobileX Corrections Diagnostic Services, Inc. in the amount of $165,738 to provide on-site and mobile radiology services to persons in the County jails and to homeless persons for the period of July 1, 1995 through June 30, 1996.

4) **DIRECTOR'S REPORT**
(Dr. Sandra R. Hernández, Director of Health)

5) **CONSIDERATION OF AMENDMENTS TO THE MEDICAL STAFF BYLAWS OF SAN FRANCISCO GENERAL HOSPITAL**

6) **CONSIDERATION OF THE DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE ACTION PLAN FOR FY 1996-97**

7) **PRESENTATION OF THE NEW CITY CHARTER CHANGES AFFECTING THE HEALTH COMMISSION AND THE DEPARTMENT OF PUBLIC HEALTH**

8) OTHER BUSINESS/PUBLIC COMMENTS*

9) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54956.9, CONSIDERATION OF A PROPOSED SETTLEMENT IN THE AMOUNT OF $262,500 FOR MAYNARD V. CITY AND COUNTY OF SAN FRANCISCO ET AL, U.S. DISTRICT COURT #C-95-4506-WHO

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas Lee Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

L. LaMont Terry, D.M.D.
Commissioner

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6/18/96

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, June 18, 1996
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by Vice President Debra A. Barnes at 3:05 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Thomas Lee Eades Commissioner Sharon Gadberry, Ph.D. Commissioner Roma P. Guy, M.S.W. Commissioner Lee Ann Monfredini Commissioner L. LaMont Terry, D.M.D.
Absent:	Commissioner Edward A. Chow, M.D.

2) APPROVAL OF MINUTES OF THE MEETING OF JUNE 4, 1996

Action Taken: The Commission unanimously adopted the minutes of June 4, 1996.

The Commission made a special presentation and appreciation remarks to former Commissioner Arthur M. Jackson, who served as President of the Commission in 1993, 1994 and 1995. Former Commissioner Margel Kaufman was also present. Commissioners Barnes, Gadberry and Monfredini, and Dr. Hernández thanked Mr. Jackson for his leadership and hard work for this Commission.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) Consideration of a contract between BAY CARE, an independent practice association, and the Department of Public Health, to participate in the Local Initiative component of Medi-Cal Managed Care.

This item was postponed to a future meeting.

(3.2) Consideration of a contract between the Department of Public Health and the UCSF Clinical Practice Group at San Francisco General Hospital, for medical services provided under managed care.

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Commissioner Monfredini expressed concern on the monitoring report for Bayview Hunters Point Foundation. She requested a progress report on this contract be brought back in 90 days (September 17) to the Budget Committee. This contract is for health education and risk reduction services for $87,657. (Refer to #3.5).

(3.7) CHS - Family Health - Contract modification with Glide Foundation in the amount of $16,500 to provide outreach services to Tenderloin residents for the period of July 1, 1995 through June 30, 1996. (DPH contracted with Glide Foundation for services totaling $265,754 during FY 1994-95).

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As a follow-up to the monitoring report, the Budget Committee requested a progress report be brought back in 6 months (December 17) to the Budget Committee.

(3.9) CPHS - Administraation - Retroactive renewal of a contract with Bayview Hunters Point Foundation in the amount of $147,500 for 1995-96, and a two-year sole source and contract approval in the amount of $150,000 per year for 1996-97 and 1997-98, to provide mental health counseling and social service referrals to survivors of incidents of violence through the Critical Response Team (C.I.R.T.) for the period of July 1, 1995 through June 30, 1998. (DPH contracted with B.V.H.P. for services totaling $6,903,040 during FY 1994-95).

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The contractor will submit as affirmative action plan in 30 days.

Commissioner Eades requested clarification on the State funded contract for the National Task Force on AIDS Prevention - Native American AIDS Project, which was originally a multicounty program with Alameda County. Dr. Hernández will ask the State how it intends to address this issue.

Action Taken: The Commission (Barnes, Eades, Gadberry, Guy, Monfredini, Terry) approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

BUDGET

FY 1996-97 Budget Update

The Mayor's FY 1996-97 budget is currently being reviewed by the Board of Supervisors. Our first hearing before the Board's Budget Committee is scheduled for June 20. In preparation for that hearing the Department has been meeting with the Board's Budget Analyst staff. The Budget Analyst's final report will be released tomorrow. The draft report received yesterday included no major changes to the DPH budget. Some minor changes, for example, adjustments for expected delays in hiring new staff, have been recommended by the Budget Analyst. It is likely the Board will implement these recommendations.

The Mayor has adjusted his FY 1996-97 budget to include full funding of the contractor COLA we originally proposed.

LEGISLATION

Federal Legislation Update

Both the House and Senate are considering passage of the Medicaid Restructuring Act of 1996. This legislation was developed from the Bipartisan National Governor's Association Medicaid Proposal originally released in February 1996.

The Medicaid Restructuring Act proposes a $72 billion Federal savings over six years, the elimination of a Medicaid entitlement and the elimination of the current Federal disproportionate share hospital (DSH) program. Additionally, the Act would increase the Federal matching percentage from 50 to 60 percent. Many States would, therefore, have their State matching requirements reduced, with the result that the State would have to spend fewer state dollars on medical assistance to draw down its federal allocation.

The Act also proposes to cap an annual allotment to each State, thereby eliminating any incentive for a state to increase its medical assistance dollars, since there will be no additional matching Federal dollars. Finally, the Act would allow States to shift up to 40% of their match requirements on to health care providers or local governments. This elimination of current provider and government protections could result in provider taxes and intergovernmental transfers from Counties to the State to pick up the cost of the State match.

In sum, the Medicaid Restructuring Act of 1996 could lead to State reductions totaling $178 billion over six years. The Department is working actively with our Federal lobbyist and related advocacy organizations to defeat the measures proposed in this legislation. I will continue to keep the Commission informed on the status of this proposal.

MANAGED CARE

Health Care Options Contractor

The Department has recently learned that the State Department of Health Services is proposing to change its Health Care Options contractor. Health Care Options (HCO) provides neutral, unbiased presentations to Medi-Cal beneficiaries regarding their choices under fee-for-service and managed care. The HCO contractor also processes all health plan enrollments and disenrollments. The State is required to contract these activities out under legislation.

Benova (HealthChoice, Inc.) is the State's current HCO contractor. Since 1984, Benova has provided Medicaid managed care enrollment services to California Counties and the State. Recently the State issued an RFP for Health Care Options. The State awarded the contract to Maximus, Inc. located in Sacramento. It is our understanding that Maximus provides similar HCO-related services in Nebraska. Maximus is not providing HCO services to any County in California.

While the Department cannot comment on the nature of either Benova's or Maximus' RFP response, the Department is concerned that having the State change HCO contractors just as Counties (including San Francisco) prepare for Medi-Cal managed care is untimely. It has been exceedingly difficult to educate beneficiaries, providers and advocates on Medi-Cal managed care. Changing State contractors in the middle of this transition can only further the confusing nature of Medi-Cal managed care.

It is our understanding that Benova is appealing the State's award. Should the State's award be upheld, we are hopeful that there will be a smooth transition between these two agencies. Benova's contract is due to expire on September 30, 1996. I will keep the Commission apprised of this issue.

Community Health Network

I am pleased to announce the Community Health Network of San Francisco opened its Excelsior District Health Clinic June 14, 1996. The Excelsior Group-Healthcare for Women and Children provides women's health services, pediatric services and primary care. The Excelsior Group is located at 4434 Mission Street (at the corner of Francis Street). Their telephone number is 406-1353.

The medical practice is staffed by an obstetrician, pediatrician, certified nurse midwife, family nurse practitioner and OB/Gyn and pediatric nurses. The medical staff is multilingual; Spanish, Cantonese and Mandarin. The Excelsior Group creates culturally-sensitive environment for women and children to receive services.

Medicaid

Several Counties have questioned the Health Care Financing Administration's ruling on presumptive eligibility for medical services. Some Counties are interested in using residency status as a condition for eligibility. Currently, an individual may be presumptively eligible for Medicaid based on pregnancy and/or family income.

In a recent letter from HCFA to Assemblyman Jan Goldstein (San Diego County), HCFA indicated that State's could use separate presumptive eligibility screening forms for the purposes of determining Medicaid eligibility. The form could ask for information related to residence. Specifically, HCFA's letter indicates that "[if] the woman provides information that indicates she would not be eligible for

Medicaid in the State (e.g., is not a resident), the State may deny presumptive eligibility." HCFA also went so far as to say that it is "reconsidering" its position that States are prohibited from requiring that pregnant women provide additional information to qualify for presumptive eligibility.

It is our understanding the State Department of Health Services will be issuing an all-county policy letter with HCFA's interpretation of presumptive eligibility. We are extremely concerned that State will use the recent letter as evidence of its legal right to restrict Medi-Cal services to undocumented women. As you are aware, for the last four years, the Governor has attempted to eliminate prenatal care services to undocumented women.

The Department has been uncompromising in its attempt to ensure that all residents, regardless of residency status, have access to necessary medical services. As of this date, we have not received any written communications from the State on this matter. I will keep the Commission apprised of this issue as new developments arise.

ADMINISTRATION

Tobacco Suit

On behalf of the City and County of San Francisco, the City Attorney filed suit against six tobacco companies on June 6, 1996. The suit charges that tobacco companies knowingly misrepresent the health consequences of using tobacco products, conspiring together against the public to protect cigarette sales, and purposely target minors in advertising to increase market and sales.

The suit claims relief and judgments against tobacco companies by requiring them to disclose, disseminate and publish research previously conducted on smoking and addiction, requires them to fund a corrective public education campaign relating to smoking and health, requires them to fund smoking cessation programs, requires them to disclose the nicotine yields of their products, and requires them to pay restitution and damages to the City and County of San Francisco for past and future health care expenditures associated with smoking. San Francisco has been joined in its suit by other counties including Los Angeles, Contra Costa and Shasta.

Health Summit Planning:

Mayor Brown convened the San Francisco Economic Summit from April 15-17, 1996. During the planning for that Summit he announced separate preparations for a San Francisco Health Summit to identify and respond to critical issues in the health care arena. I am honored to announce that Mayor Brown has asked me and the Department to coordinate planning for the Health Summit.

I am confident that coordination with the private, government and non-profit community will set the tone for joint collaboration throughout the entire Summit. Given the rapidly changing health care environment, major transitions in regulatory and legislative priorities, and the increasing pressures of a managed care system, I am hopeful the Health Summit will allow for critical assessment and discussion of these issues.

The Health Summit is tentatively scheduled for August 13, 1996. I will continue to keep the Commission updated on the development and planning for this exciting event.

Sustainable San Francisco

Over the next two weekends, the Commission on San Francisco's Environment will hold public hearings on the draft Sustainability Plan for San Francisco. The plan proposes long-term goals objectives and action plans to improve the quality of urban life. Ultimately, the project will generate a final plan which establishes measurable objectives and indicators in areas ranging from air quality to human health to economic development.

Sustainable San Francisco is a collaborative project between the Commission of San Francisco's Environment, the City Planning Department and Sustainable City, a non-profit organization. In 1993, the Commission was charged with drafting and implementing a plan for San Francisco's long-term environmental sustainability.

The Department is currently reviewing the draft plan to determine whether any of the health-related objectives will require us to either implement new programs or reallocate existing resources. At this time, we estimate that the majority of environmentally-related objectives are consistent with the Department's current activities and priorities. We are closely reviewing the human health objectives to ensure that they also represent the Department's activities and are within the scope of our responsibility.

Commission on the Environment

As you know, the new City Charter establishes a Commission on the Environment. The Mayor has included initial funding for the Commission in his FY 1996-97 budget. Specifically, the Mayor has proposed a budget of $117,164, funding two positions. Seven commissioners will be appointed by the Mayor this year. I will keep the Health Commission informed as we learn more about the Commission's proposed structure.

SB 697 - "Building A Healthier San Francisco"

The Department is continuing to work collaboratively with San Francisco hospitals, the Hospital Council of Northern and Central California, the United Way and the Northern California Council for the Community, following the completion of the SB 697 Community Needs Assessment process. The collaborative recently adopted "Building A Healthier San Francisco" as its project name.

As a result of a recent citywide community forum sponsored by the collaborative to present the findings of the Community Needs Assessment, a number of individuals and organizations have expressed interest in working with hospitals to address health problems identified in the Needs Assessment. The collaborative will expand to include these and other community representatives in the planning and implementation of a community benefits component.

The collaborative envisions a two-track process for developing community benefit projects. On one track will be a hospital-led initiative related to asthma with the goal of reducing hospitalizations through better management of this chronic condition on an outpatient basis. The project will focus on children and adults and will incorporate patient education and use of clinical protocols as project components. The project will track hospitalization rates for asthma to assess the impact of the effort.

Hospitals have also agreed to work within the expanded collaborative to develop at least one additional project to be defined by the community. The collaborative will work over the next few months to determine the health issue and specific interventions for this effort. In addition to working on a collaborative basis, private hospitals are continuing to develop their individual Community Benefits Plans tailored to their specific communities as required by SB 697.

SAN FRANCISCO GENERAL HOSPITAL

SFGH Parking Garage

Yesterday, the Board of Supervisor's approved four pieces of legislation related to the SFGH Parking System:

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1. Parking rates for the system ($65 Campus monthly, $35 garage monthly, $25 night/weekend monthly, and transient rate of $1 hourly with a $7 daily maximum);
2. Establishment of a residential parking permit area surrounding the hospital;
3. Establishment of a two-hour parking limit on streets within the perimeter of the SFGH Campus; and,
4. Authorization to require campus parking permits on City streets located within the Hospital Campus.

The hospital is planning a distribution process for parking permits which will incorporate use of both lottery and first come first served criteria.

Emergency Department's Fast Track Wins Honorable Mention

The Emergency Department has been awarded honorable mention for the 1996 National Association of Public Hospitals Safety Net Quality Improvement Award for the creation of their Fast Track program.

Fast Track is a 16 hour a day, 7 day a week service improvement program implemented in March 1995. Under Fast Track, a multidisciplinary team of ED Physicians and Nurse Practitioners provide prompt urgent care services for patients with minor injuries and medical problems.

A recent patient satisfaction survey revealed that 93% of patients were satisfied with both the quality of service and care received in Fast Track. Fast Track is currently caring for 900-1000 patients a month. The implementation team sharing the award include: Martha Neighbor, M.D., Nancy Keyes, NP, Tina King, N.P., Hillary Jones, N.P., Patricia Purcell, N.P., Ed Ang, Sherri Lee, E.D., and Chris Wachsmuth, R.N.

Dr. Constance Wofsy

Dr. Constance Wofsy, an internationally respected pioneer AIDS researcher and educator, passed away on June 3, 1996 after a long battle with cancer. She was a respected and beloved member of the medical staff at San Francisco General Hospital and a professor of medicine at UCSF. Dr. Wofsy founded the AIDS program at SFGH with Dr. Paul Volberding in 1983 and was an effective leader and advocate in the development of AIDS services in San Francisco, particularly services to HIV-infected women. Her accomplishments are numerous: she started the first treatment program for women with AIDS; founded the Women's Health Committee of the AIDS Clinical Trials Group; developed the APEX training program for AIDS clinicians; chaired numerous scientific committees for national and international AIDS conferences; worked closely with some of the nation's leading corporations to develop humane programs for employees infected with HIV; and was an energetic Board member of the SF AIDS Foundation.

Paul Volberding, M.D. announced a tribute to her would be presented on June 29 at the Academy of Science. A Chair is being established in her name at UCSF and those interested in contributing should contact his office for details.

Tattoo Program

The Second Chance Tattoo Removal Program provided a second tattoo removal laser treatment for ten youths on June 8. Dr. James Anthony, a UCSF plastic surgeon, and the Medical Director for the program, Dr. Chen Lee, attended the clinic. The session received considerable positive media coverage. The Examiner, Channels 4 , 7 and 14 sent reporters and cameras and aired TV coverage on the program.

As a result, CARECEN, the Central American Resource Center, who is doing the Community Case Management for this program received over 100 calls in the three days following the press coverage. Program planners are evaluating the best way to schedule future clinics to serve the maximum number of participants.

SFGH Foundation's Twilight Concert

The Directors of the San Francisco General Hospital Foundation, the Board of Trustees of the Fine Arts Museums of San Francisco and the Board of Directors of the Japanese Chamber of Commerce of Northern California, worked together to create a Twilight Concert to benefit the Infant Care Center at San Francisco General Hospital where every year over 1600 babies -- mostly from low-income mothers -- receive their first medical care.

Three hundred people came to a reception, private viewing and concert. This event was underwritten by Union Bank of California, the Industrial Bank of Japan and the Japanese Chamber of Commerce of Northern California.

SFGH Annual Medical Staff Dinner/Meeting

The SFGH Annual Medical Staff Dinner/Meeting took place on Wednesday, June 12, 1996 with a strong showing by 236 members of the medical staff, including Dr. Haile Debas, Dean UCSF, and Dr. Elliot Rapaport, Associate Dean, UCSF. Health Commission's President, Dr. Edward Chow, and Commissioners Lee Ann Monfredini and Debra Barnes were in attendance. Mayor Willie L. Brown, Jr. made a special appearance.

Critical Care Diversion Statistics

The critical care diversion for the period June 1 through June 14, 1996 was 4.1% (13 hours and 45 minutes). The Emergency Department was 0.

LAGUNA HONDA HOSPITAL

Emergency Generator

During its June 11 regular weekly test, the Hospital's Emergency Generator failed to operate properly.

Plant Services staff contacted the vendor to arrange for emergency repairs and explore the potential availability of a temporary back-up emergency generator. Plant Services staff completed temporary repairs and testing by 6:00 p.m. on June 11.

Permanent repairs will be required. Preliminary reports indicate a replacement fuel injector is needed along with purging of fuel lines and tanks. Repair costs are estimated to range between $10,000 - $15,000.

Transitional Care Program

LHH submitted an application to the Department of Health Services to provide transitional care services to Medi-Cal beneficiaries. The application was approved for five (5) transitional care beds effective June 24, 1996. I have submitted a letter to the State Department of Health Services outlining DPH concerns regarding the emergency regulations. The Commission is copied on this letter.

Best Practice Awards

The Licensing and Certification Program of the Department of Health Services awarded Laguna Honda Hospital a Best Practices Award for the second consecutive year. Michael Shore, Ph.D., and Anthony Wagner, accepted the award on behalf of LHH for the "Comprehensive Care for Persons with Head Trauma and Brain Injury in a Nursing Facility".

This program is designed to serve LHH's non-elderly, head trauma/brain injury diagnosed residents through a multidisciplinary approach. The model program includes interdisciplinary staff meetings on a weekly basis, and activities such as outings, special projects, recruitment of helpers, Cafe Jumpstart, social and educational activities, language lessons, videos, music, sign language sessions and speech therapy group exercises. Staff work together in creating a sense of community and of shared experience. I am sure you join me in commending staff for their outstanding work.

LHH Employees Participate in AIDS Benefit

Joanna Herkert, R.N. and Theresa Berta, M.D., participated in the AIDS benefit bike ride from San Francisco to Los Angeles. This seven day event raised $8 million to support AIDS research.

COMMUNITY SUBSTANCE ABUSE SERVICES

Juvenile Drug Court

The Department is pleased to be assisting with planning the implementation of a juvenile drug court which will serve non-violent, juvenile drug offenders and their families. Superior Court Judge Gyemant is providing judicial leadership for the project with collaborative support from the District Attorney's Office, Public Defender's Office, Juvenile Probation Department, and the Department of Public Health. The juvenile drug court model represents an emphasis on rehabilitation and has the support of the National Drug Control Policy Director, Barry McCaffrey. Start-up is planned for the Spring of 1997.

Substance Abuse Grants

Gwen Johnson, Executive Director of Jelani House, Inc., was notified by the Center for Substance Abuse Treatment (CSAT) that her Pregnant Postpartum Women grant, was included in a cluster of grants that will receive funding for at least another year. Clusters were examined in terms of their potential to contribute new information to improve services based on CSAT's criteria. Jelani House was among ten programs nationally whose funding was continued.

United Way Funding

Jelani House was also awarded a grant from United Way to expand child care services to women in treatment and families who live in the Bayview Hunters Point community.

IRIS, The Women's Alcoholism Center, and The Center located in Pleasanton were awarded a grant from United Way to establish resource centers for substance abusing women and their families. The collaborative effort was the result of similar needs for substance abusing women in both San Francisco and Pleasanton.

Dual Disorders Conference

On June 14, DMS and CSAS/Target Cities sponsored another in the series of treatment training's for serious dual disorders (mental health and substance abuse diagnosis). Kim T. Mueser, Ph.D., of the New Hampshire - Dartmouth Psychiatric Research Center, presented an overview of a treatment model for integrating mental health and substance abuse disorder interventions for individuals with severe psychiatric disorders. The workshop concluded with a brief review of research supporting the effectiveness of integrated mental health and substance abuse treatment for persons with severe mental illness. Approximately 150 program staff attended the conference.

FORENSIC SERVICES

Appointment

Flynn Bradley, formerly of the Mayor's Criminal Justice Council, has accepted the appointment as Assistant Director of Forensic Services. Flynn brings with him a background in criminal defense and criminal justice planning. He will assume responsibility at Forensic Services for administrative functions, coordination of criminal justice related substance abuse services, planning of new initiatives and Consent Decree monitoring and reporting.

COMMUNITY PUBLIC HEALTH SERVICES

CPHS Interim Assignments

I am pleased to report three interim assignments to cover positions that recently were, or are about to be vacated due to staff departures.

- Barry Zevin, M.D., Medical Director of Homeless Programs and the Tom Waddell Health Center, has agreed to serve as acting Homeless Director until a replacement for Barbara Cowan has been hired.

- Ginger Smyly, M.P.H., Director of Perinatal Services, has agreed to serve as Acting Director of the Bureau of Health Promotion upon the July 5 departure of Garth Collins.

- Tony Paz, Program Manager for the Tuberculosis Clinic, will assume administrative responsibilities for TB Control until a replacement for Gisela Schecter, M.D., can be found.

Recruitment for permanent appointments for all three positions is currently in progress. While we will make every effort to keep these interim assignments as brief as possible, I am grateful that we have such well-qualified and willing staff to fill in during this period.

Mrs. Hillary Clinton Presents Courage Award to a Chinese-American Cancer Survivor

Mrs. Sarah Fung Hee Chin, a participant in the Chinese Women Cancer Support Group conducted at Chinatown Public Health Center, was one of two recipients selected to receive the American Cancer Society's Courage Award. Mrs. Hillary Clinton presented the Courage Award at the White House on May 17, 1996. She is a 20-year cancer survivor and was honored for the hope and inspirations she offers to millions of Americans who have cancer or will someday face it. The Chinese Women Cancer Support Group at Chinatown Public Health Center, in collaboration with Cancer Support Community, is the only available group for Chinese women with cancer in the Bay Area. The group was designed by Health Education and Public Health Nursing.

Conference on Afrocentric Parenting

On June 7, 1996, the Black and Infant Health Improvement Project, a perinatal project of the Bureau of Children, Youth and Their Families, sponsored a half day conference on Afrocentric Parenting. Eighty-seven social service and health care providers and community representatives attended the conference, held at the Western Addition Center for African and African American Arts and Culture. The conference was an opportunity for providers to hone their skills in parent education and to address issues specific to African American communities. Six parents shared their personal stories of how parenting education helped them become better parents. DPH staff on the Planning Committee were: Ginger Smyly, Perinatal Services, BCYF and Agnes Morton, PHN Ocean Health Center/OMI Wellness Center.

New Leaf... Celebrates Merger

On May 30, I attended a "Celebrate the Merger" event at the office of New Leaf, the agency which was formerly Operation Concern and 18th Street Services. The Department was instrumental in merging these two agencies which serve the gay and lesbian community.

EMERGENCY MEDICAL SERVICES

Poison Control

The Department has been informed that the State Emergency Medical Services Authority (EMSA) has given a "provisional" award to the University of California for a single statewide poison control system.

The State's current poison control system consists of six independent regional poison control centers funded from a variety of sources. The poison control system serves 30 million people and responds to over 900 calls a day. The State released an RFP to select a new entity to operate a single, integrated delivery system for poison control services in California. Currently, the poison control services are fragmented and there is a lack of coordination between the six existing centers.

The San Francisco Bay Area Regional Poison Control Center is located at San Francisco General Hospital and serves 10 Counties. The Center has a $1.4 million budget for 1995-96, which is supported through a combination of hospital contributions, County funds, grants, individual fundraising and State General Fund. Counties are charged based on the projected annual number of calls to the poison control center.

The U.C. proposal calls for a new California Poison Control System and is a joint effort between three U.C. Campuses (San Francisco, San Diego and Davis) and the Central Regional Poison Control Center in Fresno, California. The proposal fosters comprehensive, statewide poison information services through one unified system with four response sites in Central, Northern and Southern California. A single executive office located at the University of California, San Francisco School of Pharmacy, will be responsible for administrative oversight.

The proposal creates a *Poisoning Exposure and Information Hotline* serving the public at home, work or school, and a separate *Medical Toxicology Consultation Service* providing immediate treatment advice for physicians and other health professionals. It is our hope that the new proposal will integrate the provision of services to better meet community and professional needs, and strengthen the financial aspects of the system through improved organization and delivery of poison control services statewide.

The award is provisional pending resolution of several issues. Of some concern is funding -- the EMSA contract provides approximately $1 million of the needed $4 to $5 million required to operate the system. I will update the Commission in the near future on the fiscal implications of this proposal.

BUREAU OF EPIDEMIOLOGY, DISEASE CONTROL AND AIDS

San Francisco Black Coalition on AIDS

As a result of the discussion and public comment at the last Commission meeting, the Director and representatives from the AIDS Office and the City Attorney's Office met with the Board of Directors of the San Francisco Black Coalition on AIDS. The Director expressed the Department's strong concerns regarding the current status of the agency in light of the recent fiscal and administrative monitoring conducted by the AIDS Office.

Since that meeting, the President and Treasurer of the Board have resigned from the Board and have been replaced by new officers. It is the intention of the Board to rapidly expand the Board from its current six members to 12-14 within the new few weeks. In addition, the Board has hired an interim Executive Director to assist in stabilizing the agency. The Board plans to conduct a national search for a permanent Executive Director.

The AIDS Office will be meeting on Wednesday with representatives from the Board and the interim Executive Director to discuss the agency's plans to respond to the administrative and fiscal monitoring. An update will be presented in the Director's report at the next Commission meeting.

The May statistics for the Department of Public Health are available in the Commission Office.

5) CONSIDERATION OF AMENDMENTS TO THE MEDICAL STAFF BYLAWS OF SAN FRANCISCO GENERAL HOSPITAL

Dr. Denise Rodgers presented the amendments to the Medical Staff Bylaws of San Francisco General Hospital. These Bylaws were reviewed at the Medical Staff Executive Meeting on May 20, 1996, forwarded to the San Francisco General Hospital Joint Conference Committee for review and discussion on May 11, 1996, and voted for approval by the Active Medical Staff members at the Annual Medical Staff Meeting on June 12, 1996.

Highlights of the proposed amendments are:

- Bylaws amendments making the SFGH Bylaws more consistent with "model" bylaws suggested by the CAHHS (California Association of Hospital and Health Systems). These changes essentially "bring up to code" the SFGH Bylaws with respect to language typically used in other institutions in the State.
- Specific bylaws amendments to correct deficiencies noted at the JCAHO survey.
- Bylaws amendments designed to permit the development of the Clinical Primary Care Service (CPCS).

The Commission supported Dr. Rodgers' statement that the review of the bylaws would be on an ongoing basis throughout the year.

On behalf of the Commission, Vice President Barnes presented Dr. Rodgers with a potted plant in appreciation for her work as Chief of Staff and her willingness to chair both the Bylaws Committee and the Credentials Committee.

Action Taken: The Commission (Barnes, Eades, Gadberry, Guy, Monfredini, Terry) approved the amendments to the Medical Staff Bylaws of SFGH for 1996.

6) CONSIDERATION OF THE DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE ACTION PLAN FOR FY 1996-97

This item was postponed to a future meeting.

Commissioner Gadberry left at 4:00 p.m.

7) PRESENTATION OF THE NEW CITY CHARTER CHANGES AFFECTING THE HEALTH COMMISSION AND THE DEPARTMENT OF PUBLIC HEALTH

Tom Owen, Deputy City Attorney, presented an overview of the history of the City Charter and the development of the new City Charter. He highlighted aspects of the new City Charter, which becomes effective July 1, 1996. (Attachment A) .

The overall changes in the City Charter included reorganization of the text of the Charter; changes in the relationships between Department, Board of Supervisors, and the Mayor; more authority to the Mayor and the Board of Supervisors; and less authority to the citizen Commissions.

Vice President Barnes thanked Mr. Owen for his presentation and requested the Executive Secretary of the Health Commission to bring to the Commission at a future meeting, proposed amendments to the Commission's own Rules of Order. These amendments would bring the Commission into compliance with the new City Charter..

8) PUBLIC COMMENTS

Frederick Hobson, private citizen and Chair of the Beneficiary Advisory Committee of the San Francisco Health Authority, requested the Department to provide licensed child care facilities for enrollees of the San Francisco Health Plan at no cost to the user and without regard to immigration status.

Vice President Barnes requested Dr. Hernández to look into this request and report back to the Commission as it relates to community needs, the priorities of the Department, and the budget and resource availability.

9) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54956.9, CONSIDERATION OF A PROPOSED SETTLEMENT IN THE AMOUNT OF $262,500 FOR MAYNARD V. CITY AND COUNTY OF SAN FRANCISCO ET AL, U.S. DISTRICT COURT #C-95-4506-WHO

Action Taken: The Commission (Barnes, Eades, Guy, Monfredini, Terry) approved the proposed settlement in the amount of $262,500.

Action Taken: The Commission finds that it is in the best interest of the public not to disclose its closed session deliberation.

The meeting was adjourned at 4:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

City and County of San Francisco

HEALTH COMMISSION
Department of Public Health

Subject: Charter Update

The new City Charter will go into effect on July 1, 1996. Following are a few note worthy comments and changes:

- Elimination of the CAO
- Establish a new Commission on the Environment
- Merge the offices of the Assessor and the Recorder
- The BOS must approve the Planning Dept. proposal of the "General Plan."
- Planning Commission deletes its two ex. officio members (CAO, PUC); two new citizen representatives are added
- Social Services Commission becomes the Human Services Commission
- The Arts Commission is required to have a neighborhood program

Mayor:

- Appoints a new City Administrator
- General administration and oversight of all departments, except for the City Attorney, Sheriff, District Attorney, Public Defender, Assessor and Treasurer
- May reorganize any aspect of City government, the BOS may disapprove
- Appoints Department heads from a list of three, provided by commissions. New lists may be requested.
- Appoints Commissioners, BOS can reject within 30 days.
- May increase or decrease the budget in any area.
- May set rates or fees, except for Port and Airport which are set by Commission

City Administrator:

- Appointed by the Mayor, BOS confirms, 5 year term
- May be removed by the Mayor, with BOS approval, for "no cause"
- May award contracts without interference
- Administers services within the Executive Branch *and other Depts. as assigned by the Mayor or BOS*
- The current CAO will be employed (in some area) until March 2000

Attachment A
Page 1 of 2

Department Heads:

- Run Departments
- May reorganize Departments with the City Administrator
- Appointed by the Mayor from Commission list of three (new lists may be requested)
- May appoint civil service exempt Deputy Dept. Head

Commissions:

- Mayor appoints, BOS may reject
- Mayor may remove for "no cause" in any Commission, except for: PUC, Port, Airport, Health, Parks and Recreation, Juvenile Probation, Civil Service, Building Inspection and Ethics. These Commissioners may only be removed for "cause."
- Must generate an Annual Statement of Purpose, to be reviewed and approved by the Mayor and the BOS
- Must file an Annual Report to the Mayor and BOS
- All new rules, regulations, plans and policies set into place after July 1, 1996 must be filed with the BOS
- May hire a civil service exempt Commission Secretary

Fiscal Changes:

- Budget items, rates and fees may either be increased or decreased by the Mayor and the BOS
- Budget requires only six votes to adopt
- The BOS will establish a Standing BOS Audit Committee
- The BOS will work toward multi-year budgets
- Department Heads must certify a commitment to perform programs with a specific level of performance for specified costs

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Thomas Lee Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

L. LaMont Terry, D.M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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AGENDA

HEALTH COMMISSION MEETING

July 2, 1996
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF JUNE 18, 1996

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Consideration of a contract between BAY CARE, an independent practice association, and the Department of Public Health, to participate in the Local Initiative component of Medi-Cal Managed Care.

(3.2) Consideration of a contract between the Department of Public Health and the UCSF Clinical Practice Group at San Francisco General Hospital, for medical services provided under managed care.

(3.3) Request for approval by the Budget Committee of the Health Commission to accept and expend a gift of cash and shares of stock in the value of up to $80,565.35 bequeathed to Laguna Honda Hospital through the Last Will and Testament of Ermeth M. Dirovizza, to be expended for the “specific use of patients activities on Holidays”.

(3.4) CHS-AIDS - Update on a monitoring report for a renewal contract with the National Task Force on AIDS Prevention Kommunities of Kolor United Against AIDS (KOKUA) Collaboration, in the amount of $1,135,177 for the provision of psychosocial and prevention services.

(3.5) CHS-AIDS - Retroactive renewal contract with Bayview-Hunters Point Foundation (BVHP), in the amount of $50,000, for HIV counseling, testing and referral services, for the period of January 1, 1996 through December 31, 1996. (DPH contracted with BVHP for services totaling $12,513,928 during FY 1994-95).

(3.6) CHS-AIDS - Retroactive renewal contract with Haight Ashbury Free Clinics, Inc., in the amount of $85,000, for the provision of HIV counseling, testing, and referral services, for the period of January 1, 1996 through December 31, 1996. (DPH contracted with Haight Ashbury Free Clinics for services totaling $8,523,587 during FY 1994-95).

(3.7) DMS-CMHS - Retroactive approval of sole source and new contract with San Francisco State University in the amount of $80,000, to provide training for clinicians and mental health providers for the period of June 1, 1996 through June 30, 1997.

(3.8) DMS-CMHC - Sole source request and contract approval with Westside CMHS, Inc., in the amount of $500,000 per year, to provide residential care to low income seniors with mental disabilities, for the period of July 1, 1996 through June 30, 2000. (DPH contracted with Westside for services totaling $2,759,397 during FY 1994-95).

(3.9) SFGH - Renewal contract with Richmond Area Multi-Services, Inc. (RAMS), in the amount of $1,217,325 per year, to provide San Francisco General Hospital with a Partial Hospitalization Program for the period of July 1, 1996 to June 30, 1998. (DPH contracted with RAMS for services totaling $2,509,984 during FY 1994-95).

(3.10) DMS-CMHS - Request for relocation site approval for the existing Bayview Thunderseed Day Treatment Program of the Bayview Hunters Point Foundation from two locations, 4301 Third Street and 1345 Ocean Avenue, to 1740 Cesar Chavez Avenue, to provide day treatment and outpatient services to mental health and substance abuse clients.

(3.11) DPH - Approval of 1996-97 Patient Rates for the Department of Public Health.

(3.12) CHS-SFGH - Approval of Dental Services Sliding Fee Schedule for patients unable to pay full cost for their dental care.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

5) STATUS REPORT ON THE MENTAL HEALTH CARVE-OUT

6) CONSIDERATION OF A RESOLUTION DESIGNATING THE DEPARTMENT OF PUBLIC HEALTH AS THE LEAD AGENCY FOR THE DEVELOPMENT OF A LONG-TERM CARE INTEGRATED PILOT PROJECT UNDER ASSEMBLY BILL 1040

7) **CONSIDERATION OF A RESOLUTION URGING THE MAYOR AND BOARD OF SUPERVISORS TO CONTINUE SUPPORT FOR PRESUMPTIVE MEDICAID ELIGIBILITY FOR UNDOCUMENTED PREGNANT WOMEN**

8) **CONSIDERATION OF A RESOLUTION TO CONTINUE DESIGNATION OF SAN FRANCISCO AS A CALIFORNIA HEALTHY CITY**

9) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas Lee Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

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Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, July 2, 1996
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D. at 3:20 p.m.

Present:	Commissioner Edward A. Chow, M.D. Commissioner Thomas Lee Eades Commissioner Sharon Gadberry, Ph.D. Commissioner Lee Ann Monfredini
Absent:	Commissioner Debra A. Barnes Commissioner Roma P. Guy, M.S.W. Commissioner L. LaMont Terry, D.M.D.

2) APPROVAL OF MINUTES OF THE MEETING OF JUNE 18, 1996

Action Taken: The Commission unanimously adopted the minutes of June 18, 1996.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Consideration of a contract between BAY CARE, an independent practice association, and the Department of Public Health, to participate in the Local Initiative component of Medi-Cal Managed Care.

This item was postponed to a future meeting.

(3.2) Consideration of a contract between the Department of Public Health and the UCSF Clinical Practice Group at San Francisco General Hospital, for medical services provided under managed care.

Commissioner Gadberry did not discuss or vote on this item due to a conflict of interest.

Due to lack of a quorum for this item, the Commission will formally vote on this item on July 16, 1966. The Department was directed to proceed with the approval process at the Board of Supervisors.

(3.3) Request for approval by the Budget Committee of the Health Commission to accept and expend a gift of cash and shares of stock in the value of up to $80,565.35 bequeathed to Laguna Honda Hospital through the Last Will and Testament of Ermeth M. Dirovizza, to be expended for the "specific use of patients activities on Holidays".

(3.4) CHS-AIDS - Update on a monitoring report for a renewal contract with the National Task Force on AIDS Prevention Kommunities of Kolor United Against AIDS (KOKUA) Collaboration, in the amount of $1,135,177 for the provision of psychosocial and prevention services.

Norm Nickens provided an update on the progress of each member of the collaborative. He also reported that the AIDS Office is evaluating all of the collaboratives.

Commissioner Monfredini requested that an update on this contract be brought back in 60 days (September 17, 1996) with a recommendation from the AIDS Office.

(3.5) CHS-AIDS - Retroactive renewal contract with Bayview-Hunters Point Foundation (BVHP), in the amount of $50,000, for HIV counseling, testing and referral services, for the period of January 1, 1996 through December 31, 1996. (DPH contracted with BVHP for services totaling $12,513,928 during FY 1994-95).

The AIDS Office will provide more program technical assistance.

(3.6) CHS-AIDS - Retroactive renewal contract with Haight Ashbury Free Clinics, Inc., in the amount of $85,000, for the provision of HIV counseling, testing, and referral services, for the period of January 1, 1996 through December 31, 1996. (DPH contracted with Haight Ashbury Free Clinics for services totaling $8,523,587 during FY 1994-95).

Commissioners expressed their support for Department staff to require reports from contractors in a timely fashion.

(3.7) DMS-CMHS - Retroactive approval of sole source and new contract with San Francisco State University in the amount of $80,000, to provide training for clinicians and mental health providers for the period of June 1, 1996 through June 30, 1997.

(3.8) DMS-CMHC - Sole source request with Westside CMHS, Inc., in the amount of $500,000 per year, to provide residential care to low income seniors with mental disabilities, for the period of July 1, 1996 through June 30, 2000. (DPH contracted with Westside for services totaling $2,759,397 during FY 1994-95).

This item was amended to approve only a sole source request.

(3.9) SFGH - Renewal contract with Richmond Area Multi-Services, Inc. (RAMS), in the amount of $1,217,325 per year, to provide San Francisco General Hospital with a Partial Hospitalization Program for the period of July 1, 1996 to June 30, 1998. (DPH contracted with RAMS for services totaling $2,509,984 during FY 1994-95).

(3.10) DMS-CMHS - Request for relocation site approval for the existing Bayview Thunderseed Day Treatment Program of the Bayview Hunters Point Foundation from two locations, 4301 Third Street and 1345 Ocean Avenue, to 1740 Cesar Chavez Avenue, to provide day treatment and outpatient services to mental health and substance abuse clients.

(3.11) DPH - Approval of 1996-97 Patient Rates for the Department of Public Health.

(3.12) CHS-SFGH - Approval of Dental Services Sliding Fee Schedule and a resolution for patients unable to pay full cost for their dental care.

This item also included Resolution #13-96, "Incorporating Dental Services as a Medical Specialty in the County Medical Assistance Program", (Attachment A).

Action Taken: The Commission (Chow, Eades, Gadberry, Monfredini) approved the Consent Calendar of the Budget Committee, except for #3.1 and #3.2

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

ADMINISTRATION

Breast Cancer Awareness Stamp

On Saturday, June 15, at Rincon Center Annex, Congresswoman Nancy Pelosi and representatives from the breast health community celebrated the first day issue of the Breast Cancer Awareness Stamp. The Department assisted in planning and designing the press conference and the event gave us another venue to collaborate in the fight against breast cancer. Commissioner Roma Guy and Sandy Mori attended on behalf of the Commission.

BUDGET

FY96-97 Budget Update

The Mayor's FY 1996-97 Budget had its final hearing before the Budget Committee of the Board of Supervisors last week. The Committee voted to pass the budget out to the full Board with a few amendments. The Supervisors' amendments included restoration of one dentist position to our Department's budget and replacement of a $299,000 federal grant for the SSI One Stop project we administer. The proposal to reduce 27 nursing manager positions at Laguna Honda remains in the budget.

The Board's amendments to the budget would allow an additional $2.5 million to be added to the General Fund reserve, bringing it to a total of $14.5 million. Supervisors Hsieh and Kaufman mentioned the potential need during the fiscal year for additional funding. Ryan White Care funding and programs for legal immigrants may fall short this year, requiring General Fund reserve assistance.

The budget will be transmitted on July 15, 1996 and voted on by the full Board on July 22 and 29, 1996. Amendments to the budget can be made until the final vote is taken.

COMMUNITY PUBLIC HEALTH SERVICES

Community Outreach "Jobs and Health Fair" at Potrero Hill

On Saturday, June 22, 1996, the Potrero Hill Health Center organized a very successful Jobs and Health Fair for the Potrero Hill community. Over 400 residents participated in the Fair. Information and resources were provided by more than 30 community agencies and public programs. Blood pressure testing was available and confidential HIV tests were done on-site.

The Health Department was well represented, beyond the generous support and energy of the staff from the Potrero Hill Health Center. The AIDS Office Youth Peer Educators, BCCCP, Childhood Lead Prevention Program, Paramedic Division, SafeKids Coalition and the WIC Program all participated. Other participating agencies included; the American College of Traditional Chinese Medicine, American Lung Association, Goodwill Industries, Potrero Hill Neighborhood House, St. Teresa's Church, TURF, and Young Community Developers.

The Fair received exceptional support from the Community Health Network, SFGH Food Services, The Giants, Goodlife Grocery, the Mayor's Office (MOCD) and the SF Hilton via Majik, Inc. There were donations from many local businesses, including Alhambra, Arvey Paper, the Gap, the Jungle, Seven UP, and Walgreen Drugs.

This event was an example of how much we can accomplish by working together with the communities we serve. The "Jobs and Health" focus helped to promote the Public Health outlook that: "Health is not just about medical care. It requires healthy communities with jobs, housing, schools, opportunities and services."

SAN FRANCISCO GENERAL HOSPITAL

SFGH Parking Garage

The SFGH Garage is scheduled to be opened for monthly parking on August 1, 1996. Planning for distribution of parking permit applications is well underway. For hospital employees, applications will be available from SFGH Payroll and the UCSF Dean's Office. Applications for parking in the garage will also be available for the general public beginning July 9th.

Applications will be accepted for monthly campus parking from July 10-13. If demand for campus spaces during the day shift exceeds available supply, a random computer lottery will be generated. Applications for monthly garage parking will be accepted on a first come first served basis beginning July 19 at 7 a.m. Successful applicants will be able to pick up their parking permits - hang tag for campus, card key for garage at the garage office of Five Star Parking beginning July 24th.

The new SFGH Parking System will also include capital improvements to many of the existing parking lots. The Emergency Department parking lot will be first to undergo renovation, with installation of an attendant booth, re-surfacing and striping. Because this is the primary patient/visitor lot, it will be necessary to open the garage to transient parking the last week in July in order to complete the work.

Planning for the garage grand opening celebration is still underway. A tentative date is being considered for early August pending Mayor Brown's availability.

Critical Care Diversion Statistics

The critical care diversion for the period June 1 through June 28 1996 was 21.2% (139 hours and 49 minutes). The Emergency Department was 0.

LAGUNA HONDA HOSPITAL

Laguna Honda License Modified

On June 26, the State Department of Health Services Licensing and Certification Division approved a modification of Laguna Honda's license which authorizes an increase in the number of Skilled Nursing beds in operation from 1202 to 1214. This license adjustment will enable Laguna Honda to better meet the needs of the community for long term care. The Hospital is developing plans to add 12 Skilled Nursing beds August 1st.

Picket Line at Laguna Honda

Local 856 formed an informational picket line at Laguna Honda's gates yesterday to protest the proposed FY 1996-97 nursing administration reduction. The picket line was orderly and peaceful and concluded at 4:30 p.m.. The picket's action created no disturbance to normal Hospital operations.

DIVISION OF MENTAL HEALTH SERVICES

760 Harrison Street Site Approval

Yesterday, the Board of Supervisors unanimously upheld site approval for the South of Market Clinic (proposed relocation to 760 Harrison) following the recommendation of the Board of Supervisors Housing and Land Use Committee. The lease for this site will be heard before the Board of Supervisors' Government Efficiency and Labor Committee on July 9, 1996.

Obico Residential Care Facility Fire

The Obico Residential Care Home located at 153 Boutwell Avenue which served six women with chronic mental health problems burned down in a fire June 16 at about 4:30 a.m. Regrettably, one client and one staff member died in the blaze. The exact cause of the fire is unknown. The Fire Department is investigating the possibility of arson. Electrical problems have been ruled out. It is possible the fire started when someone was either smoking in bed or playing with matches.

All of our mental health clients have been seen by their case managers and will be placed in other residential care homes. All are currently in safe housing. The Residential Care Operator filed a report with Community Care Licensing who will be interviewing all of the clients.

COMMUNITY SUBSTANCE ABUSE SERVICES

Target Cities Project

The San Francisco Target Cities Cooperative Agreement is moving into its fourth year. The initial objectives of the Project were to: standardize assessment, centralize referrals, improve client matching to treatment, increase the efficiency of the system, and, in general, improve the quality of client care. These stated goals have all been initiated.

Entry to, authorization and management of treatment will flow through the Target Cities program in structured formats over the next two years. It is envisioned this systematized assessment, service linkage and monitoring of client care will produce results that improve quality, decrease costs, and increase access to treatment.

It is anticipated that the efficiencies produced by shorter lengths of stay, lower client recidivism, and more case monitoring will then enable the system to serve more clients with better results for less cost. Target Cities collaboration with treatment providers and various service systems in San Francisco enables the program to assume the critical role of system gatekeeper and monitor, while the network of treatment programs continue to provide quality client care.

BUREAU OF EPIDEMIOLOGY, DISEASE CONTROL AND AIDS

Tenderloin AIDS Services

Recently, the AIDS Office released an RFP for AIDS Services in the Tenderloin. Consistent with DPH policy, a review panel of community members was convened. While Shanti's proposal was ranked first, the review panel noted a large number of weaknesses in all proposals submitted.

The AIDS Office is in the process of establishing a contract with Shanti for the continued provision of these services. As Shanti has previously held this contract, they have already been providing these services in the CARE contract year which began April 1, 1996, and ends March 31, 1997.

Since the release of the RFP a number of additional concerns have been raised about the adequacy of AIDS services in the Tenderloin. Therefore, the AIDS Office intends to re-bid this contract in the near future. Our goal will be to re-bid the contract this fall for a start date of April 1, 1997. This will allow the contract we are developing with Shanti to run through the normal CARE fiscal year.

During these next few months, we will convene a community meeting to get further input on the needs of Tenderloin residents and how we can best serve those needs. The new RFP may include other funds or existing contracts that serve persons in the Tenderloin.

HIV Prevention Services for the Native American Community in Alameda County

In 1995-96, the State of California, Office of AIDS, provided $82,000 in direct funding to the Native American AIDS Project, a project of the National Task Force on AIDS Prevention, for the provision of HIV prevention services to the Native American communities in the San Francisco Bay Area. This year the State Office of AIDS awarded funding for these services in San Francisco to the Health Department, and the Commission approved a contract with the National Task Force at its last meeting.

In March of 1996 the Alameda County Office of AIDS Administration issued a $50,000 RFP for Native American prevention services in Alameda County. No responsive bids were received and the RFP was reissued. An award was recently made to the National Native American AIDS Prevention Center. Their proposal includes the Native American AIDS Project as the primary subcontractor for the provision of prevention services. The final contract is currently in negotiation with the Alameda County Office of AIDS Administration.

Update on the San Francisco Black Coalition on AIDS

The AIDS Office is continuing to provide substantial technical assistance to the San Francisco Black Coalition on AIDS (BCA). The Board of BCA has hired Ms. Ramona Holloway as interim Executive Director. Ms. Holloway has been in contact with the AIDS Office regarding the status of agency contracts, invoices, and responses to the recently completed fiscal and administrative monitoring report. In addition, the Board has been actively recruiting new Board members and is scheduled to add three new members within the next week. The new Board members include: Danny Joe, a person with AIDS who serves on the HIV Health Services Planning Council (CARE Council); Ms. Teri Jackson, an attorney in the District Attorney's Office; and Ms. Melissa Jones, a former employee of the AIDS Office who is currently with the University of California University wide AIDS Research Program. Further expansion of the Board will occur over the next few weeks.

President Chow emphasized that as a follow-up to the FY 1996-97 Department of Public Health budget to reduce 27 nursing manager positions at Laguna Honda Hospital, the Joint Conference Committee of Laguna Honda Hospital, chaired by Commissioner Monfredini, with Commissioner Guy serving as a Committee member, will be monitoring the quality of care for any adverse impact from these position reductions.

5) STATUS REPORT ON THE MENTAL HEALTH CARVE-OUT

This item will be postponed to the July 16, 1996 agenda.

6) CONSIDERATION OF A RESOLUTION DESIGNATING THE DEPARTMENT OF PUBLIC HEALTH AS THE LEAD AGENCY FOR THE DEVELOPMENT OF A LONG-TERM CARE INTEGRATED PILOT PROJECT UNDER ASSEMBLY BILL 1040

Tangerine Brigham, Director of Planning, provided the following information:

Under Assembly Bill 1040, the State Department of Health Services will administer a new Long-Term Care Integrated Pilot Program to improve long-term care services for elderly, disabled and frail adults. The pilot will allow counties to integrate the financing and administration of long-term care under a capitated reimbursement system. The State's intent is to select five counties for participation in this program.

Earlier this year, the City and County indicated its strong interest in developing a long-term care integrated pilot project. Over the past several months, the City-wide Ad Hoc Long-Term Care Planning Committee has looked intently at the need to improve long-term care services through the development of this project. The Committee consists of representatives from many non-profit organizations and City departments with expertise providing long-term care services to San Franciscans. Community Public Health Services, the Health Commission and Laguna Honda represent the Department on this Committee. Recently, the Committee recommended that the Department of Public Health assume the lead agency role in developing a long-term care integrated program under AB 1040.

As lead agency, the Department would be responsible for: (1) facilitating and coordinating the long-term care planning process, (2) creating a long-term care task force and (3) oversee the development of an application for participation in the AB 1040 project. It is our expectation that the long-term care task force will make recommendations on appropriate models of care, resource allocation, financing and the role/authority of any long-term care service agency charged with administering this project. The Department is supportive of this recommendation and believes that it furthers our efforts at public-private partnerships in the planning and delivery of services.

Action Taken: The Commission (Chow, Eades, Gadberry, Monfredini) adopted Resolution #14-96, "Designating the Department of Public Health as the Lead Agency for the Development of a Long Term Care Integrated Pilot Project Under Assembly Bill 1040", (Attachment B).

7) CONSIDERATION OF A RESOLUTION URGING THE MAYOR AND BOARD OF SUPERVISORS TO CONTINUE SUPPORT FOR PRESUMPTIVE MEDICAID ELIGIBILITY FOR UNDOCUMENTED PREGNANT WOMEN

Tangerine Brigham, Director of Planning, provided the following information:

The Medicaid (Medi-Cal in California) program provides health coverage to low-income families and certain aged and disabled individuals. It is an income means-tested entitlement program and some persons may be presumptively eligible for Medicaid based on certain criteria.

Presumptive eligibility means that an individual is presumed to be eligible for Medicaid and may receive services until such time as the individual is determined to be ineligible for said services. Current federal statute indicates that person can be presumptively eligible for Medicaid based on pregnancy and family income. Presumptive eligibility allows for the delivery of timely, efficient and cost-effective medical care to pregnant, low-income women in need. At this time, residency status is not used in determining presumptive eligibility.

In communications with the California Legislature, the Health Care Financing Administration (HCFA) recently indicated that states could require additional information -- such as residency status/verification -- as a condition of presumptive Medicaid eligibility. HCFA is reconsidering its position that states are prohibited from requiring pregnant women to provide additional information to qualify for presumptive eligibility. As a result of this HCFA communication, a woman who could not prove her legal residency -- an undocumented pregnant women -- could be denied presumptive eligibility.

The Department is concerned that this HCFA directive will be interpreted as sufficient justification by the Governor to limit access to prenatal care for undocumented pregnant women. For the fourth consecutive year, the Governor has proposed eliminating prenatal care to undocumented women and has not funded this service in his annual budget. Elimination of prenatal care endangers mothers and their unborn babies by increasing the risk of low-birth weight and complications during pregnancy. Denying this vital service to undocumented women is shortsighted. Estimates are that for every $1 spent on prenatal care, at least $3 in post-partum health care expenditures is saved.

The Department is also concerned that both legal immigrants and undocumented residents who currently qualify for Medi-Cal services will be confused by a provider request for immigration status and residency documentation. The Department worked hard to ensure clear and direct communication to our residents, both before and after passage of Proposition 187. I have grave concerns regarding the confusion which the HCFA directive will cause.

Denial of prenatal care is also inconsistent with our nation's increased focus on preventative and early intervention care in a managed care environment. Under such a delivery system, preventative care is fundamental to ensuring that individuals receive care in an appropriate manner to avoid more costly medical intervention. Adequate prenatal care improves such health outcomes as infant mortality, morbidity and birth weight -- all of which are in keeping with our goal to reduce costly hospitalization and remedial care to newborns.

Action Taken: The Commission (Chow, Eades, Gadberry, Monfredini) adopted Resolution #15-96, "Urging the Mayor and the Board of Supervisors to Continue Support for Presumptive Medicaid Eligibility for Undocumented Pregnant Women", (Attachment C).

8) CONSIDERATION OF A RESOLUTION TO CONTINUE DESIGNATION OF SAN FRANCISCO AS A CALIFORNIA HEALTHY CITY

Dr. Bob Prentice, Deputy Director of CPHS, reported that San Francisco was designated as a California Health City in December 1993, and hosted the First International Healthy Cities Conference at that time. Each community earning the Healthy City designation designs a specific program to exercise collaborative planning from the government, private sector and community representatives. Each designation runs for a 12-month cycle.

Norma Martinez of the Collaborative Immunization Project gave an overview of the Tenderloin Immunization Project and the Mission Immunization Project. She also gave a description of the proposed Tenderloin Family Health Care Project. Melange Matthew provided additional information on the Tenderloin Immunization Project.

> Action Taken: The Commission (Chow, Eades, Gadberry, Monfredini) adopted the amended Resolution #16-96, "Supporting the San Francisco Healthy Cities: Tenderloin Family Health Care Project", (Attachment D).

9) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 13-96

INCORPORATING DENTAL SERVICES AS A MEDICAL SPECIALTY IN THE COUNTY MEDICAL ASSISTANCE PROGRAM

WHEREAS, the San Francisco Health Commission has previously approved Resolutions #31-95, "Adopting a Department of Public Health Sliding Fee Scale Policy", and #8-96, "Adopting a Department of Public Health Fee Scale for Targeted Case Management Services", enacting sliding fee scales and program guidelines to standardize eligibility policies at Community Public Health Services and San Francisco General Hospital; and,

WHEREAS, the County Medical Assistance Program (CMAP) scale was adopted to be used by the Community Public Health Services and San Francisco General Hospital for community-based and hospital primary care and out-patient care services; and,

WHEREAS, the County Medical Assistance Program (CMAP) creates one uniform sliding fee scale for patients who, after thorough eligibility screening, are found to have no sponsorship and are indigent, or have limited income and would otherwise be unable to pay the full costs for their medical services; and,

WHEREAS, the Department of Public Health desires to create one network of community-based and hospital based primary care and outpatient services; and,

WHEREAS, the Department proposes that dental services be incorporated within the County Medical Assistance Program as a medical specialty;

WHEREAS, the County Medical Assistance Program scale would include and apply dental patients who fall at or above 120% of the federal poverty level, the lowest income level where patients are assessed a share of costs; and,

WHEREAS, the Department proposes that dental patients treated in primary care clinics both within Community Public Health Services and the San Francisco General Hospital adopt a $25.00 per month minimum share of cost for dental services that would be assessed to all patients with a share of cost liability; and,

WHEREAS, it is deemed that only residents of the City and County of San Francisco are eligible for sliding fee scale participation; and,

WHEREAS, any and all fees may be waived upon determination of severe financial hardships, and that no medically necessary services will be denied because of inability to pay; and, RESOLUTION NO. 13-96 (Cont'd.)

WHEREAS, dental patients who are eligible for Denti-Cal, sponsored by other third party or any other coverage are required to utilize these benefits programs before being considered by CMAP Sliding Fee Scales, now, therefore, be it

RESOLVED, that the San Francisco Health Commission adopts and approves the incorporation of dental services as a medical specialty in the County Medical Assistance Program and authorizes the Director of Health to direct responsible staff to ensure that the County Medical Assistance Program scale is uniformly applied at all dental service sites.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting on Tuesday, July 2, 1996.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 14-96

DESIGNATING THE DEPARTMENT OF PUBLIC HEALTH AS THE LEAD AGENCY FOR THE DEVELOPMENT OF A LONG TERM CARE INTEGRATED PILOT PROJECT UNDER ASSEMBLY BILL 1040

WHEREAS, the San Francisco Health Commission previously approved the Department of Public Health's participation in a long-term care pilot program (Health Commission Resolution #41-95, "Directing the Department of Public Health to Pursue a Long Term Pilot Project); and,

WHEREAS, the purpose of AB 1040 is to integrate the financing and administration of long-term care services and thereby further the development of a model integrated services delivery system for long-term care; and,

WHEREAS, AB 1040 provides the Department an opportunity to work in collaboration with other long-term care providers to develop a delivery system model which allows long-term care consumers to remain integral parts of their communities, can prevent unnecessary utilization of acute care hospitals and promotes greater efficiencies; and,

WHEREAS, the City and County's Ad Hoc Long Term Care Planning Committee is comprised of various community-based organizations, City agencies, advocates and consumers dedicated to improving the access of long-term care services to the frail, disabled, elderly and chronically ill; and,

WHEREAS, the Ad Hoc Long Term Care Planning Committee has recommended that the Department of Public Health become the lead agency for the development of a comprehensive long-term care plan under AB 1040; and,

WHEREAS, assuming the lead agency for the AB 1040 project would require the Department to: (1) facilitate and coordinate the entire long-term care planning process, (2) create a Long-Term Care Task Force and (3) oversee the development of an application for the AB 1040; and,

WHEREAS, the Long-Term Care Task Force will make recommendations on the optimal model(s) of care, resources allocation and financing, and the authority/role of the any long-term care services agency; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 14-96 (Cont'd.)

WHEREAS, AB 1040 offers the Department a unique opportunity to further our private-public partnerships to improve long-term care services and is supportive of this planning effort; now, therefore, be it

RESOLVED, that the Health Commission supports the designation of the Department of Public Health as the lead agency for the development of a long-term care integrated pilot project under Assembly Bill 1040; and, be it

FURTHER RESOLVED, that the Health Commission urges the Mayor and the San Francisco Board of Supervisors to create a Long-Term Care Task Force for the purpose of developing an application for inclusion in the AB 1040 pilot project.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting on Tuesday, July 2, 1996.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 15-96

URGING THE MAYOR AND THE BOARD OF SUPERVISORS TO CONTINUE SUPPORT FOR PRESUMPTIVE MEDICAID ELIGIBILITY FOR UNDOCUMENTED PREGNANT WOMEN

WHEREAS, under 42 United States Code Section 1396, States may participate in the Federal Medicaid program to provide medical assistance to families with dependent children or aged, blind, or disabled individuals; and,

WHEREAS, the State of California participates in this program through its Medi-Cal program and provides services to approximately five million people; and,

WHEREAS, current federal statute permits States to presumptively grant Medicaid eligibility to a woman based on pregnancy and income, and provide services to the woman until such times as is determined that the woman is ineligible for Medicaid; and,

WHEREAS, the State of California uses pregnancy and family income to determine presumptive Medi-Cal eligibility and residency status is not used as a criteria to determine presumptive eligibility in the State; and,

WHEREAS, the Health Care Financing Administration has issued a directive which could allow States to deny Medicaid presumptive eligibility to pregnant women who are not residents and has indicated its intent to re-visit its position prohibiting States from requiring additional information as a condition for presumptive Medicaid eligibility; and,

WHEREAS, this recent HCFA communication allows States, such as California, to deny presumptive Medi-Cal eligibility to undocumented pregnant women; and,

WHEREAS, over the last several years, the Governor of California has consistently attempted to eliminate Medi-Cal funded prenatal care services for undocumented women, and has both proposed elimination of the service in 1996-97 and has not included funding for this service in his proposed 1996-97 State budget; and,

WHEREAS, the State Department of Health Services is reviewing HCFA's interpretation of residency verification for determining presumptive eligibility and may use this recent HCFA communiqué to bolster its position that it has the legal authority to eliminate prenatal care to undocumented women; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 15-96 (Cont'd.)

WHEREAS, denying undocumented women access to prenatal care is counter to preventive health care, increases the risk of low-birth weight infants, and places the expectant mother and her unborn child at necessary risk for complications during pregnancy; and,

WHEREAS, the Health Commission previously indicated its desire to ensure undocumented residents access to health care by opposing Proposition 187, the California "Save Our State" Initiative (Health Commission Resolution #35-94, "Consideration of a Proposed Board of Supervisors Resolution to Oppose Proposition 187, the California 'Save Our State' Initiative") and has uniformly opposed any proposal which limits access of undocumented women to prenatal care; now, therefore, be it

RESOLVED, that the Health Commission does not support the use of residency verification in the determination of Medi-Cal presumptive eligibility and continues to support presumptive Medicaid eligibility for undocumented pregnant women based on pregnancy and income level alone; and, be it

FURTHER RESOLVED, that the Health Commission urges the Mayor and the Board of Supervisor to support the continued access of undocumented women to prenatal care through the determination of presumptive eligibility for these individuals.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting on Tuesday, July 2, 1996.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment C
Page 2 of 2

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 16-96

SUPPORTING THE SAN FRANCISCO HEALTHY CITIES: TENDERLOIN FAMILY HEALTH CARE PROJECT

WHEREAS, the City and County of San Francisco was officially designated as a California Healthy City on December 1, 1993, through its successful application to develop the San Francisco Healthy Cities: Tenderloin Immunization Project; and,

WHEREAS, the Tenderloin Immunization Project was dedicated to improving community outreach and education regarding the importance of immunization, and where this project ended on December 31, 1994; and,

WHEREAS, in its second year as a Healthy City, the Department maintained its Healthy City designation by continuing the Project's immunization focus, and shifting the coordination efforts to the Mission neighborhood; and,

WHEREAS, the Mission Immunization Project was dedicated to improving community outreach and education regarding the importance of immunization, and where this project ended on April 30, 1996; and,

WHEREAS, the Department is developing an application to renew its Healthy City designation by continuing the Project's community organizing focus, and refocusing the coordination efforts to the Tenderloin neighborhood; and,

WHEREAS, the Tenderloin is a densely populated, low-income area, home to many of the City's newest immigrants, and where the intent of the Healthy City focus for San Francisco is to develop and implement culturally and linguistically appropriate health promotion strategies, and explore creative avenues for community involvement and leadership to enhance the community's capacity to address family health care needs; and,

WHEREAS, the mission of the California Healthy Cities Project is to improve the health status of California residents by increasing the use of the Healthy Cities model for the promotion of health by local leaders, professionals, and residents within communities throughout the State; and,

WHEREAS, the Health Commission has expressed consistent support for the Healthy Cities concept, and supports Department efforts to continuously improve the public's health; now, therefore, be it

RESOLVED, that the Health Commission supports the application by Department of Public Health to the California Healthy Cities Project for renewal of San Francisco's designation as a California Healthy City, through its development of the Healthy Cities: Tenderloin Family Health Care Project; and, be it

FURTHER RESOLVED, that the Health Commission urges the Mayor and the Board of Supervisors to support the renewal of San Francisco's designation as a California Healthy City.

I certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, July 2, 1996.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment D
Page 1 of 1

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas Lee Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

L. LaMont Terry, D.M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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PUBLIC NOTICE

HEALTH COMMISSION MEETING

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JUN 27 1996
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PUBLIC LIBRARY

Tuesday, July 16, 1996
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

At its regular Commission meeting on July 16, 1996, the Commission will consider proposed amendments to its Rules and Regulations. These proposed amendments will comply with the New City Charter, which was approved by the voters in November 1995 and becomes effective July 1, 1996.

Public comments will be heard by the Commission.

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas Lee Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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DOCUMENTS DEPT.
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AGENDA

HEALTH COMMISSION MEETING

July 16, 1996
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF JULY 2, 1996

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Request for retroactive approval by the Budget Committee of the Health Commission to apply for, accept and expend a new grant in the amount of $911,622 from the Robert Wood Johnson Foundation for the period of May 1, 1996 through April 30, 1998.

(3.2) Consideration of a contract between the Department of Public Health and the UCSF Clinical Practice Group at San Francisco General Hospital, for medical services provided under managed care.

(3.3) **SFGH-LHH** - Retroactive Sole Source Request and Renewal Contract with Judith Sweet & Associates in the amount of $70,000 for organizational development services for the period of April 1, 1996 through June 30, 1997.

4) **DIRECTOR'S REPORT**
(Dr. Sandra R. Hernández, Director of Health)

5) **CONSIDERATION OF AMENDMENTS TO THE MEDICAL STAFF BYLAWS OF LAGUNA HONDA HOSPITAL**

6) **STATUS REPORT ON THE MENTAL HEALTH CARVE-OUT**

7) **CONSIDERATION OF AMENDMENTS TO THE HEALTH COMMISSION RULES AND REGULATIONS IN ACCORDANCE WITH THE NEW CITY CHARTER, SECTION 4.104**

8) **CONSIDERATION OF A RESOLUTION TO SUPPORT COLLABORATING IN REGIONAL ECONOMIC AND COMMUNITY DEVELOPMENT STRATEGIES**

9) **OTHER BUSINESS/PUBLIC COMMENTS***

10) **EXECUTIVE SESSION:** **PURSUANT TO GOVERNMENT CODE SECTION #54956.9, CONFERENCE WITH LEGAL COUNSEL: CONSIDERATION OF A PROPOSED SETTLEMENT OF $50,000 IN THE CASE OF MAURICE LEWIS COLLINS ET AL, V. CCSF ET AL, SUPERIOR COURT #962-003**

11) **EXECUTIVE SESSION:** **PURSUANT TO GOVERNMENT CODE SECTION #54956.9, CONFERENCE WITH LEGAL COUNSEL: CONSIDERATION OF A PROPOSED SETTLEMENT OF $75,000 IN THE CASE OF MARGARET FRYE V. CCSF, SUPERIOR COURT #967-971**

12) **EXECUTIVE SESSION:** **AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION #54957 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION #67.8(4), REVIEW THE PERFORMANCE OF THE DIRECTOR OF HEALTH**

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6142. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas Lee Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, July 16, 1996
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D. at 3:05 p.m.

President Chow announced that Commissioner L. LaMont Terry, D.M.D., has submitted to the Mayor a letter of resignation due to personal reasons.

Present:
- Commissioner Debra A. Barnes
- Commissioner Edward A. Chow, M.D.
- Commissioner Thomas Lee Eades
- Commissioner Sharon Gadberry, Ph.D.
- Commissioner Roma P. Guy, M.S.W.
- Commissioner Lee Ann Monfredini

2) APPROVAL OF MINUTES OF THE MEETING OF JULY 2, 1996

Action Taken: The Commission unanimously adopted the minutes of July 2, 1996.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) Request for retroactive approval by the Budget Committee of the Health Commission to apply for, accept and expend a new grant in the amount of $911,622 from the Robert Wood Johnson Foundation for the period of May 1, 1996 through April 30, 1998.

(3.2) Consideration of a contract between the Department of Public Health and the UCSF Clinical Practice Group at San Francisco General Hospital, for medical services provided under managed care.

Commissioner Gadberry abstained from discussing and voting on this item due to a conflict of interest.

(3.3) SFGH-LHH - Retroactive Sole Source Request and Renewal Contract with Judith Sweet & Associates in the amount of $70,000 for organizational development services for the period of April 1, 1996 through June 30, 1997.

Action Taken: The Commission (Chow, Barnes, Eades, Gadberry, Guy, Monfredini) approved #3.1 and 3.3.

Action Taken: The Commission (Chow, Barnes, Eades, Guy, Monfredini) approved #3.2. Commissioner Gadberry abstained.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

ADMINISTRATION

Relocation of 101 Grove Street Offices

As you know, 101 Grove Street was damaged in the 1989 Loma Prieta earthquake. Bond funds were approved last year to retrofit this and other Civic Center buildings.

The plans for the retrofit include the relocation of staff to alternate locations. It is estimated the building will be vacated next summer, with the majority of staff, relocating to the LAIR Building at the Presidio. This space would house the Director's Office, the Health Commission Office, administrative offices of DPH, the Public Health Primary Care staff, and the Laboratory. The site would also be used for Health Commission meetings. We expect the temporary site will be needed for up to two years, while 101 Grove Street is under construction.

As previously planned, the Bureau of Environmental Health will be relocated to the Fox Plaza Building, while the Contract staff will be centralized at 1380 Howard Street, along with Mental Health, Substance Abuse, and Forensics Services. The Tom Waddell Clinic will be temporarily housed in trailers in the Civic Center area. The Bureau of Vital Statistics will be relocated to 1155 Market Street.

We are pursuing the possibility of maintaining a van shuttle service for employees and members of the public who may have difficulty reaching the Presidio. I will keep the Commission informed of details as the date approaches.

Collective Bargaining Charter Amendment

The Board of Supervisors is considering a Charter amendment which will significantly change the City's labor relations and collective bargaining rules. This amendment was submitted to the Board of Supervisors by the Mayor's Office in consultation with the City's Labor Unions. There are two changes that are of significant interest to the Health Department. If passed, the Department's 1400 staff and supervisory nurses will be able to opt into full collective bargaining with binding interest arbitration. In addition, nearly 100 Health Department management and mid-level management employees will lose their Civil Service status and become at-will employees. I will keep the Commission informed concerning this very important proposed Charter amendment

Health Summit Update

The San Francisco Health Summit will be held in the War Memorial Building's Herbst Theater on August 13th. The Health Summit will focus on health manpower and training issues, strategies to provide insurance to uninsured persons and opportunities for public/private collaborations. I will continue to keep you apprised on the planning for this exciting event.

Contracts Streamlining Update

Consistent with the Health Commission's direction, Department staff are working together to develop a plan to streamline the contract process to minimize retroactive approvals and expedite contract payments. In addition, Departmental staff are working with representatives of other City Departments and with contractors to develop a citywide strategy to reduce contract delays and duplication. The Department will gather all input received from internal and external sources and complete its analysis within the next two weeks. We will submit a plan to the Commission for your review and approval in August.

Critical Blood Shortage

On Friday, July 12th, the Irwin Blood Bank notified the Department of a critical shortage in San Francisco's blood supply. A combination of low seasonal donations and several high-blood demand surgeries depleted the usually three-day reserve to a one-day supply. Through the use of the Department's E-mail, my office issued an announcement to all employees, asking those who are eligible to donate blood to visit one of Irwin's blood centers on Friday, Saturday or Sunday.

Yesterday, Irwin Blood Bank called the Mayor's Office, asking for more donations and making arrangements for a shuttle van to transport donors from City work sites to the blood centers.

Policy and Planning Changes

Effective July 9, 1996, Joanna Uribe resigned from the Department. Ms. Uribe has been a tremendous advocate on children, youth, family and mental health issues. Her community spirit and dedication is embodied in all of her activities. Please join me in recognizing her contributions and in wishing her success in the future.

FEDERAL UPDATE

Immigration Related Bills

Several immigration related bills are moving swiftly through both houses and Conference Committees. As you may recall, I have reported on three Bills in particular which will have significant implications for both legal immigrants and undocumented residents. Many provisions of S 269 have been picked up and included in HR 2202, the National Interest Act, and S.1664, the Immigration Control and Financial Responsibility Act. Both measures impose immigrant disqualifications through sponsor deeming on all or most needs based programs, including Medi-Cal.

Essential components of these Bills:

- Extends sponsorship deeming for all legal immigrants already in the United States to five years, disqualifying them from all federal means-tested benefits except higher education assistance and loans.

  –State and local option to deem for state/local means-tested programs.

- Disqualifies new immigrants from ALL federal means-tested benefits until citizenship or work 40 qualifying quarters (ten years).

  –State and local option to deem for state/local means -tested programs.

- Noncitizens who receive public assistance (defined as SSI, AFDC, Medicaid, Food Stamps, state general assistance and all other federal, state or local means-tested benefits) for more than 12 months within five years after their entry are deportable.

  Program exceptions:
  1. refugees and asylees.

  2. if cause for receiving public assistance" arose after entry or admission" and results in total physical or mental disability.

  3. Emergency Medicaid, immunizations, testing and treatment for communicable diseases and their symptoms, short-term emergency relief, school lunches and WIC.

- Undocumented residents are ineligible for ALL federal or state means-tested benefits including grants, contracts, loans, or licenses.
  --State and local governments MUST disqualify.

  Program exceptions:
  1. Emergency Medicaid, but hospitals MUST VERIFY STATUS according to Attorney General procedures.

  2. "Public health assistance for immunizations" and for "testing and treatment for communicable diseases and their symptoms".

  3. Short-term emergency relief.

  4. School lunches and WIC.

In addition to the ethical and serious public health ramifications of these initiatives, the Department is working on a fiscal impact analysis which we hope to complete by the end of the week. The Department is working in conjunction with the Mayor's Office and advocates to inform the California delegation and the Administration in Washington of the impact on the San Francisco health care infrastructure. I will continue to keep you apprised of this critical situation.

COMMUNITY HEALTH NETWORK

San Francisco Giants Team Up with Community Health Network (CHN)

On Sunday, July 21, the Community Health Network will be kicking off a promotional opportunity at 3Com Park when the Giants play the L.A. Dodgers. We have teamed up with the Giants in a mutual commitment to keep San Francisco youth healthy by encouraging parents to get their kids in for physicals and to update their immunizations.

Throughout the season, the Giants are supplying the Community Health Network with free Giants tickets for kids who come to one of the Network's centers for sports physicals or back-to-school check-up's. The Giants have given us the pre-game slot and several players to promote this joint effort. As the preliminary plans have been submitted, I will be on the field with the Giants on Sunday as spokesperson for CHN. This event also gives us an opportunity to promote the Network to the public.

Two Plan Medi-Cal Managed Care Plan Implementation Update
I held a meeting last week with John Rodriquez and Joe Kelly of State DHS regarding the Department's ongoing concern that San Francisco AFDC beneficiaries be given maximal knowledge and understanding of their choices under the Two-Plan Model. John Monahan from California Care (Blue Cross) and Shanaz Nikpay from the San Francisco Health Plan (Local Initiative/ Health Authority) were also in attendance.

The ongoing need to resolve FQHC language in the contracts between the plans and the State was also discussed. The State did commit to working diligently and aggressively with San Francisco Health Plan to achieve an enrollment start-up of November 1st. Between now and then beneficiaries will be required to choose between California Care and FFS. Those who don't choose will be "defaulted" into the California Care Plan. Despite the fact that providers within the California Care Network have urged them to delay default until both plans are up and enrolling, California Care appears unwilling to agree to this request. The Department has facilitated a $20,000 contract to Family Rights and Dignity to do aggressive education and outreach to affected beneficiaries in hopes that confusion and discontinuity of care can be minimized. The Department will continue to advocate for a more equitable simplistic implementation of the two plan model in San Francisco.

SAN FRANCISCO HEALTH PLAN (SFHP)

San Francisco Health Plan/DPH Contract

The San Francisco Health Plan/DPH contract was approved by the Board of Supervisors on July 1st. The SFHP/ CPG contract including the subcontracts with the San Francisco Community Clinic Consortium and the Sister Mary Phillippa Clinic at St. Mary's Hospital were completed on June 27th.

Bay Care

The subcontract between Bay Care Medical Group and the CPG for specialty services under the San Francisco Health Plan was executed June 5th. The final contract related to the SFHP will be the hospital risk sharing arrangement with Bay Care. This contract will be presented at the next Health Commission meeting on August 6, 1996.

Blue Cross of California/California Care

As of July 1, 1996, Blue Cross of California began voluntary enrollment of Medi-Cal eligibles. The Blue Cross/DPH contract was approved by the Board of Supervisors on June 24, 1996. The Blue Cross/CPG contract is close to completion. The one outstanding issue to be resolved is FQHC reimbursement.

BUDGET

City Budget

Last night, the Board of Supervisors voted unanimously to approve Mayor Brown's FY 1996-97 budget. The amendments included restoration of one dentist position to the DPH budget and replacement of an expired federal grant with $299,000 General Fund dollars to finance the SSI One Stop Project we administer.

State Budget

An agreement on the 1996-97 budget has been reached by the Budget Conference Committee and was signed into law yesterday by the Governor. Specifics affecting the health arena:

> Medi-Cal: The Medi-Cal budget remains status quo. There will be no rate reduction at Laguna Honda; no change in Drug Medi-Cal revenues; and no loss of Medi-Cal optional benefits.

Services to Undocumented Persons: The budget preserves provisions to provide long-term or prenatal care to undocumented persons. Both items will be the subject of majority-role Bills later this Fall which could eliminate the services, effective January 1, 1997.

Disproportionate Share Hospital (DSH) Program: The budget will include a $10 million reduction in the amount the State charges Counties who participate in the program. We expect San Francisco to save about $500,000 due to this provision. Also, the DSH program will now include participation by UCLA, resulting in a $4.4 million increase to San Francisco from UC's participation. Unfortunately, San Francisco is going to see a loss of base funding of $3.4 million because of a decrease in the percentage of our charity cases. The net result is a gain to San Francisco of approximately $1 million.

AIDS Drug Assistance Program (ADAP): The budget will include an increase of $6.5 million to fund additional AIDS drugs.

Prop. 99/CHIP: The budget will maintain all CHIP accounts, which are funded through the Tobacco Tax, at their 1995-96 levels.

Medi-Cal Administrative Claiming Take Back: The budget will permanently cap the $20 million take-back that counties pay the State for the Medi-Cal Administrative Claiming program.

AFDC and SSI/SSP Grant Reductions: The budget agreement includes implementation of past reductions to AFDC and SSI/SSP grants, but does not include the Governor's proposal to reduce AFDC by another 4.5%, and SSI/SSP by another 3.4%. In order for the past reductions to be implemented, a federal waiver, which may not be granted for some time, must be secured by the State.

Our Department's FY 1996-97 budget estimates are consistent with the proposed State budget and require no changes.

COMMUNITY PUBLIC HEALTH SERVICES

Breast Cancer Screening

Southeast Health Center will be holding a special Saturday clinic on July 27, from 10:00 a.m. until 2:00 p.m., to provide mammography screening and teaching breast self-examinations. The special clinic is a collaboration between Southeast Health Center, the Bayview/Hunters Point Environmental Health Assessment Project, the Bayview/Hunters Point Community Health Task Force, UCSF, and Congresswoman Nancy Pelosi. AT 2:00 p.m. the same day, Congresswoman Pelosi will hold a Town Meeting on Breast Cancer at the Cowell Theater, Fort Mason. The Town Hall will feature Dr. Richard Klausner, Director of the National Cancer Institute.

Interim Assignment

Stephen Goodman, MD, will serve as Acting Medical Director of our Tuberculosis Program until a replacement for Gisela Schecter, M.D., is hired. Dr. Goodman has been working in the Tuberculosis Control Program with Dr. Schecter, as well as at the Potrero Hill Health Center. We are pleased that he is willing to accept this interim assignment.

SAN FRANCISCO GENERAL HOSPITAL

Viral Load Testing for HIV-Infected Patients

San Francisco General Hospital announced that the hospital officially began providing viral load testing July 8th. Viral load test is used to monitor a drug's effectiveness by measuring the virus in the blood and to make adjustments based on the results. With the recent availability of several new classes of potent anti-viral drugs, measuring viral load will allow physicians to better monitor and measure their patients' response to new drug intervention. I have asked the AIDS Office to develop a physician/provider education campaign which will seek to prevent the emergence of HIV viral resistance to these new anti-retroviral treatments.

Emergency Department Lobby Remodel

I am pleased to report that Emergency Registration, Admitting and Eligibility staff have moved into their long awaited reconstructed office space in the Emergency Department Lobby. Privacy barriers to permit confidential interviews and two new wheelchair accessible patient rest rooms have been completed.

The Emergency Admitting Office, located immediately behind the Registration windows, contains ergonomically designed work stations in a safe, modern work environment.

As soon as the Lobby portion is complete, a ribbon cutting ceremony will be scheduled.

Russian Health Officials Visit SFGH

San Francisco General Hospital hosted five senior public health officials from national and regional health systems in the Russian Federation and Ukraine, sponsored by the American International Health Alliance, Inc. The focus of the study tour is to familiarize the participants with the organization and operation of health care delivery systems in addressing the HIV epidemic, including medical care, surveillance, prevention, and policy. The group attended the XI International Conference on AIDS in Vancouver and traveled on to meet representatives from Chicago's Cook County Hospital, Washington, D.C.'s Commissioner of Health, George Washington Medical Center and the National AIDS Policy Office.

Critical Care Diversion Statistics

The critical care diversion for the period July 1 through July 15 1996 was 17.5% (63 hours and 0 minutes). The Emergency Department was 0.3 % (1 hour and 21 minutes).

LAGUNA HONDA HOSPITAL

Geriatric Pharmacy Mini-Residency Program

Beginning July 10, Laguna Honda Hospital is the host site for a 12-week mini-residency program in geriatric pharmacy practice. The program was developed through the cooperative efforts of the Department of Pharmaceutical Services at Laguna Honda, the Department of Clinical Pharmacy at the University of California, San Francisco School of Pharmacy, and the California Geriatric Education Program at UCLA. Several Laguna Honda pharmacy and medical staff members will participate as lecturers and conference leaders for the program. Approximately forty pharmacists from throughout Northern California have enrolled in the program, which has been designed to assist in strengthening the practicing pharmacists' ability to provide quality pharmaceutical care to their geriatric patients.

BUREAU OF EPIDEMIOLOGY, DISEASE CONTROL AND AIDS

Shanti Project Wins Arbitration Award

On July 9 Shanti Project held a press conference at City Hall to announce that they had won a $712,000 arbitration award from their former accountants. The award will be used to fully repay

Shanti's debt of $449,748 to the City. The debt is due to Shanti's having spent funds during fiscal year 1991-92 that were not approved expenses in their contract. Of the total $449,748, $321,072 are Federal Ryan White CARE funds, $7,684 are State funds, and $120,992 are General Fund dollars. We will be asking HRSA, the administrators of CARE, to allow us to use the recouped Federal money to fund this year's gap in CARE funding. We are very happy that Shanti Project can now put this issue behind them and focus solely on services. The arbitration award is also significant in that it establishes that accountants who perform independent audits on behalf of non-profit agencies who do business with the Department have the responsibility to ensure that accounting procedures are in accordance with government contracts.

EMERGENCY MEDICAL SERVICES

Poison Control

Last month I reported to you that the State Emergency Medical Services Authority (EMSA) had given a provisional award to the University of California to operate a single statewide poison control system. The award is conditional pending resolution of transitional and long-term funding needs for the new system. Under the proposal, long-term funding will be sought from multiple entities: the State, the Counties, hospitals, and health plans. Transitional funding will be sought from the California Healthcare Foundation (the new Blue Cross Foundation) and similar organizations. The University and the State EMSA are working toward having a contract in place effective January 1, 1997.

Funding to keep our San Francisco Bay Area Regional Poison Control Center in operation for the next six months has not been fully secured. Our Center provides service to ten Bay Area Counties; its annual operating budget of $1.4 million is paid for by a mixture of State and County funds and private grants. While our Department's FY 1996-97 budget includes continued funding for services utilized by San Francisco residents, many other counties expected the new system to be in place July 1, 1996 and did not include funding for the Center in their budgets. In addition, Blue Cross, which provided $350,000 in operating funds to the Center last year, has not made a similar commitment for FY 1996-97. Bay Area Counties have been asked to continue their contributions for the next six months; the Center has requested firm commitments from each County by July 19, 1996. If adequate funding is not secured, the Center will again be forced to consider blocking service to counties who fail to contribute and/or consider reducing or eliminating services generally.

We are hopeful that adequate funding can be secured to keep the Center operational until the new UC/EMSA contract is in place. The creation of an integrated statewide system is an opportunity which should not be lost. I will continue to keep the Commission informed on this critical issue.

Published Study on Persons Found in Their Homes Helpless or Dead

On July 13, the New England Journal of Medicine published the results of a study on persons found helpless or dead in their San Francisco homes. Over a 12-week period, paramedics of the Health Department Paramedic Division responding to 911 calls, identified 367 patients in 387 episodes who were missing or unable to get help. Very elderly people were the most likely to be identified, with episodes dramatically increasing with the age of the population. The media age of patients was 73 years. After adjustment for population size, the people at highest risk were very elderly men living alone, especially African Americans. The researchers found a small subgroup of younger, poorer people, who were also found down or helpless. Many of these cases were associated with alcohol, drug use, or HIV infection. Overall, the prognosis for persons found down was poor: 23% were found dead and another 5% of the group died in the hospital. Most people did not return to living alone in their homes. The longer the period of time people spend in a helpless state, the poorer their outcome.

This study documents an important and tragic phenomenon. Social isolation is dangerous for the elderly and frail disabled people. Getting to know neighbors and building a community can be critical to the health of elderly people living alone. As part of the study, the researches prepared a handbook of services for the elderly that service providers may use to give appropriate referrals. The Department has also initiated a Senior Disaster Registry Program to identify and notify seniors in case of a disaster. This is a first step to caring for residents who are especially frail and isolated in their homes. Further, I will be discussing the findings of the study with the City's Health and Human Service Cluster.

The study was performed by Dr. Jan Gurley, who is now Coordinator of Systemwide Development for the AIDS Office, and was funded by the Walter and Evelyn Haas, Jr. Foundation and the Robert Wood Johnson Foundation.

June statistics are available in the Commission Office.

Credentialing of Medical Staff

Fourth: Academic Year 1995-96
Committee Actions

		April	**May**	**June**	**Year to Date Total**
Appointments	Active	2	2	0	86
	Courtesy	10	9	10	248
	Affiliated	0	0	0	25
Total:		12	11	10	359
				91	
Reappointments	Active	4	32	13	240
	Courtesy	14	48	33	314
	Affiliated	5	10	8	90
Total:		23	90	54	644
Change in Privileges		3	0	6	51
Change in Staff Status		3	6	4	75
Resigned/Separated		10	9	11	319

Medical Staff Application
I have signed, on behalf of the governing body, a medical staff application for the following Laguna Honda medical staff who will all provide as needed night and weekend coverage:

1. Craig R. Keenan, M.D.
2. Phillip W. Kennedy, M.D.
3. Aria F. Olumi, M.D.
4. Todd W. Ulmer, M.D.

5) CONSIDERATION OF AMENDMENTS TO THE MEDICAL STAFF BYLAWS OF LAGUNA HONDA HOSPITAL

This item was postponed to a future meeting.

6) STATUS REPORT ON THE MENTAL HEALTH CARVE-OUT

Nancy Presson, Associate Director for Managed Care, presented an update on implementation of the Mental Health Managed Care Plan, including the background for California's planning for Managed Medi-Cal Mental Health Care and its implications for the San Francisco Department of Public Health, Division of Mental Health Services.

The implementation time for Medi-Cal Managed Care Health Care is:

Target Dates	Tasks
January 1, 1995	The consolidation of psychiatric inpatient services occurred and State General Funds were allocated to Counties. Counties assumed responsibility for authorizing Medi-Cal inpatient services at private hospitals (bed rate and ancillaries only).
July 1, 1997	The consolidation of all other mental health services occurs (including inpatient physician and psychologist services) and State General Funds are allocated to Counties. Counties assume responsibility for authorizing all Medi-Cal mental health services.
July 1, 1997*	The capitation of all mental health services occurs and County assumes risk.

*May change.

A copy of the Mental Health Care Briefing Paper is available from the Commission Office (554-2666).

Ms. Presson described the elements of the San Francisco Model for Mental Health Managed Care. (Attachment A).

- With a membership of 120,000 Medi-Cal beneficiaries, plus indigent San Francisco residents, it will be imperative that the mental health plan operate a streamlined, cost-effective system of access, assessment and referral into a provider network for its members. DMS is expecting to contract for a broad provider network including private practitioners, traditional community based agencies and city operated programs. In 1996, DMS initiated a case management program with traditional Fee-for-Service Medi-Cal providers in order to promote partnerships with community psychiatrists who have been serving the seriously mentally ill population. This project, which can serve 200 clients, will demonstrate when client relationships with private physicians can prevent unnecessary use of emergency and hospital services.

- DMS will develop capitated assertive community treatment (ACT) programs for DMS's most seriously mentally ill adult clients: high users of acute hospital care and locked mental health facilities, those for whom our existing systems and services have been ineffective as well as costly. In California, elements of the model have been adapted in the AB 3777 State demonstration projects for chronically mentally ill adults. These integrated service agencies include the Village

Integrated Service Agency in Long Beach, CA. Other examples include the Program of Assertive Community Treatment (PACT)in Wisconsin, Telecare's STRIDES in Alameda, CA, and the Los Angeles Partners Program.

Each of these programs serves as the single point of responsibility for its clients. The program staff develop the plan of care for each client and then either provide all the necessary services or arrange to purchase them from another provider. One of the differences between these programs and San Francisco's current system is that the programs are given a specific budget within which they have to manage both the fiscal and clinical risk for their clients. In exchange for agreeing to manage this risk they are given the flexibility to provide or purchase whatever services they believe will increase the likelihood of their clients' success. Since the programs operate on a specific budget they have an incentive to maximize the use of community resources in an effort to avoid overutilization of costly institutional care. These models generally employ a team-oriented case management approach with an emphasis on 7-day a week, 24-hour response capacity and support.

In order to pilot whether or not this type of program could be developed within the existing provider network, DMS issued an RFP in May, limiting the pool of qualified providers to "traditional providers" -- City-operated programs and private agencies that have contracted with DMS before. The responses are due in the end of July.

- Since mental treatment that includes housing is costly and scarce in San Francisco, DMS will develop systems to assure that those clients who gain access to the limited number of beds are clients who need the beds the most. DMS is piloting such a process through a Bed Committee which meets three times a week, reviews all the requests for mental health funded beds, and prioritizes clients for limited capacity residential beds.

7) CONSIDERATION OF AMENDMENTS TO THE HEALTH COMMISSION RULES AND REGULATIONS IN ACCORDANCE WITH THE NEW CITY CHARTER, SECTION 4.104

Action Taken: The Commission (Chow, Barnes, Eades, Gadberry, Guy, Monfredini) adopted the amendments to the Health Commission Rules and Regulations in accordance with the new City Charter, Section 4.104.

A copy of the Health Commission Rules and Regulations is available from the Commission Office (554-2666).

8) CONSIDERATION OF A RESOLUTION TO SUPPORT COLLABORATING IN REGIONAL ECONOMIC AND COMMUNITY DEVELOPMENT STRATEGIES

Ed Schoenberger, President of the Northern California Council for the Community, provided an overview of the effort known as "Building Health and Self-Sufficient Communities for Prosperity", and complements the public/private collaborative model used for hospital community benefits planning (SB 607 Needs Assessment Project).

"Building Healthy and Self-Sufficient Communities for Prosperity" grew out of a broad collaborative effort among public agency officials from eight Bay Area Counties (including San Francisco), local foundations, community organizations and others. The overall concept is to develop strategies which: 1) identify and support public/private community collaborations; 2) assist in a better understanding and application of principles related to outcomes, partnerships, services integration and community assets; 3) link human services with environmentally sound economic development and job strategies; and 4) help redefine relationships with Federal and State agencies.

Recent experience indicates that new approaches are needed -- ones that build on community strengths and assets, focus on desired outcomes, and support involvement of community residents in neighborhood decision-making. The regional goals of this project are to: 1) ensure that children succeed in school; 2) strengthen and preserve families; 3) assist people to achieve and sustain economic independence; and 4) end the cycle of violence. Achieving these goals can greatly improve the economic well-being and health status of our City.

This effort is being spearheaded by the Northern California Council for the Community. The regional collaboration has begun to benchmark successful economic and community development practices, share information, lessons and experiences and support the development of such efforts in working with the State and Federal governments.

The Department views these efforts as an opportunity to address regional issues in the area of health that impact community and economic development. As localities become more interdependent, regional planning is more imperative.

Action Taken: The Commission (Chow, Barnes, Eades, Gadberry, Guy, Monfredini) adopted Resolution #17-96, "Urging the Board of Supervisors to Support Collaborating in Regional Economic and Community Development Strategies", (Attachment B.)

9) OTHER BUSINESS/PUBLIC COMMENTS

None.

10) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54956.9, CONFERENCE WITH LEGAL COUNSEL: CONSIDERATION OF A PROPOSED SETTLEMENT OF $50,000 IN THE CASE OF MAURICE LEWIS COLLINS ET AL, V. CCSF ET AL, SUPERIOR COURT #962-003

This item was postponed to a future meeting.

11) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54956.9, CONFERENCE WITH LEGAL COUNSEL: CONSIDERATION OF A PROPOSED SETTLEMENT OF $75,000 IN THE CASE OF MARGARET FRYE V. CCSF, SUPERIOR COURT #967-971

Action Taken: The Commission (Chow, Barnes, Eades, Gadberry, Guy, Monfredini) approved the $75,000 settlement.

Action Taken: The Commission (Chow, Barnes, Eades, Gadberry, Guy, Monfredini) finds that it is in the best interest of the public not to disclose its closed session deliberations.

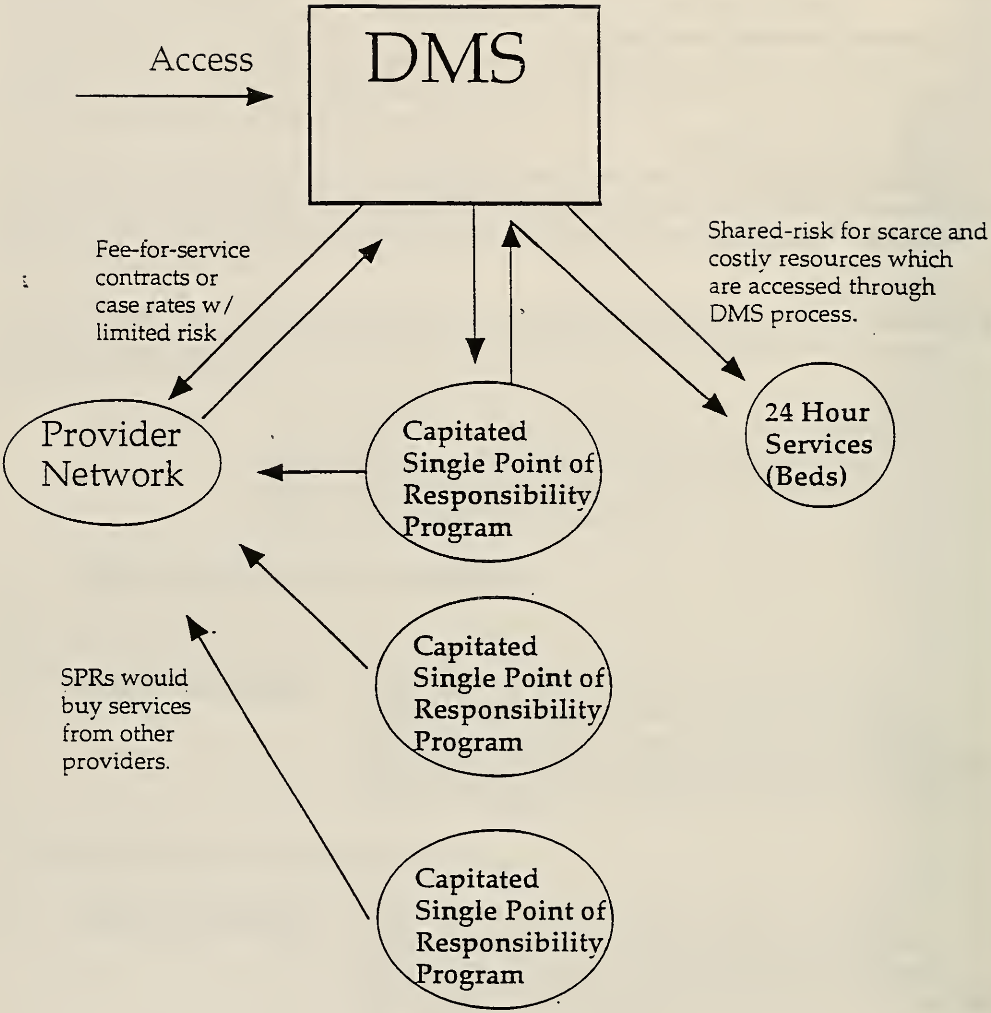
12) **EXECUTIVE SESSION:** **AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION #54957 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION #67.8(4), REVIEW THE PERFORMANCE OF THE DIRECTOR OF HEALTH**

The meeting was adjourned at 7:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)


Access
DMS
Fee-for-service contracts or case rates w/ limited risk
Shared-risk for scarce and costly resources which are accessed through DMS process.
Provider Network
Capitated Single Point of Responsibility Program
24 Hour Services (Beds)
Capitated Single Point of Responsibility Program
SPRs would buy services from other providers.
Capitated Single Point of Responsibility Program

Attachment A
Page 1 of 1

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 17-96

URGING THE BOARD OF SUPERVISORS TO SUPPORT COLLABORATING IN REGIONAL ECONOMIC AND COMMUNITY DEVELOPMENT STRATEGIES

WHEREAS, the City and County of San Francisco is committed to improving the health and well being of its residents; and,

WHEREAS, there is ample evidence that the resources spent by our nation, State and communities, have been unable to achieve the level of well being, self-sufficiency and sustainability that we expect we can and should achieve; and,

WHEREAS, recent research and experience has pointed to the importance of new approaches that focus on outcomes, stress family and community assets, emphasize family support and involve "clients" and neighborhoods as "customers", and that linking such approaches to economic and neighborhood revitalization strategies have shown significant promise of achieving greater results; and,

WHEREAS, the City and County of San Francisco has begun to use these concepts and approaches in efforts which include, but are not limited to, Family Preservation and Support Plan, Head Start, Healthy Start, Commission on Aging Five-Year Plan, Southeast Alliance for Environmental Justice, Community Enterprise Zones, Mission Community Peace Initiative, Homelessness Continuum of Care, and Building a Healthier San Francisco (also known as SB 607 Community Benefits); and,

WHEREAS, "Building Healthy and Self-Sufficient Communities for Prosperity" is a collaborative effort by a group of Bay Area counties to benchmark successful economic and community development practices, share information, lessons and experiences, and support the development of such efforts, particularly in working with the State and Federal governments; and,

WHEREAS, the Bay Area Economic Forum and the Northern California Council for the Community offer their support in staffing and supporting this, and these two organizations are partners with and are supported by the Bay Area Council, Association of Bay Area Governments, and the United Way, now, therefore; be it

RESOLVED, that the Health Commission supports regional economic and community development strategies to build healthy and safe communities through commitment to the "Building Healthy and Self-Sufficient Communities for Prosperity" effort; and, be it

FURTHER RESOLVED, that the Health Commission urges the Board of Supervisors to support this regional planning effort and to collaborate with other Bay Area communities in this endeavor.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, July 16, 1996

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment B
Page 1 of 1

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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President

Debra A. Barnes
Vice President

Thomas Lee Eades
ommissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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CANCELLATION OF HEALTH COMMISSION MEETING

The regular meeting of the Health Commission scheduled for Tuesday, August 6, 1996 at 3:00 p.m., 101 Grove Street, Room #300, has been cancelled.

The next regular meeting will be Tuesday, August 20, 1996.

101 Grove Street
San Francisco, CA 94102

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas L. Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

20/96

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

August 20, 1996
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF JULY 16, 1996

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Department of Public Health presentation of the Department's Annual Report of Gifts.

(3.2) Request for approval by the Budget Committee of the Health Commission to accept and expend retroactively an augmentation to a grant in the amount of $83,500 from Comic Relief, Inc. for the period of October 1, 1995 through September 30, 1996.

(3.3) Request to retroactively apply for and accept and expend a new grant which allows no indirect costs, in the amount of $60,000 from the Miriam and Peter Haas Fund, to develop policy and programs for the Mental Health Managed Care Plan, in collaboration with the Director of Child, Adolescent and Family Services, for the period August 15, 1996 through August 14, 1997.

(3.4) Request to retroactively apply for, accept and expend a grant of $100,000 which includes indirect costs in the amount of $10,000, based on 10% of the total award from the State of California's Department of Mental Health, to develop a statewide suicide prevention training module package to prepare health and mental health practitioners to provide suicide prevention, early intervention, and postintervention services to the residents of San Francisco for the period of July 1, 1996 through June 30, 1997.

(3.5) DMS - Family Mosaic - Retroactive approval of Provider Pool of 178 individuals and agencies to provide services on an as-needed basis for children enrolled in the Family Mosaic Project, for a total maximum of $2,900,000 in FY 1996-97.

(3.6) CPHS-AIDS - Retroactive contract renewal and sole source approval with Glide Foundation in the amount of $67,440, to provide outreach services to Tenderloin residents, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with Glide Foundation for services totaling $165,754 during FY 1994-95).

(3.7) CPHS-AIDS - Contract renewal with DSA Medical Services, in the amount of $140,000 to provide cytology services for the period September 1, 1996 through August 31, 1998. (DPH contracted with DSA for services totaling 87,500 during FY 1994-95).

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4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

5) PRESENTATION OF THE ANNUAL REPORT FROM THE VIDEO DISPLAY TERMINAL ADVISORY COMMITTEE

6) CONSIDERATION OF A RESOLUTION APPROVING THE DEPARTMENT OF PUBLIC HEALTH'S CONTRACT STREAMLINING PLAN, AND AUTHORIZING THE DEPARTMENT TO INITIATE CHANGES TO THE ADMINISTRATIVE CODE TO STREAMLINE THE PROCESSING OF SERVICE CONTRACTS FOR THE DEPARTMENT OF PUBLIC HEALTH

7) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

8) **EXECUTIVE SESSION:** **PURSUANT TO GOVERNMENT CODE SECTION #54956.9, CONFERENCE WITH LEGAL COUNSEL: CONSIDERATION OF A PROPOSED SETTLEMENT OF $50,000 IN THE CASE OF MAURICE LEWIS COLLINS ET AL VS. CCSF ET AL, SUPERIOR COURT #962-003**

9) **EXECUTIVE SESSION:** **PURSUANT TO GOVERNMENT CODE SECTION #54956.9, CONFERENCE WITH LEGAL COUNSEL: CONSIDERATION OF PROPOSED SETTLEMENT OF CLAIM #95-03216 FOR $203,134 IN THE CASE OF CLARENCE PATON VS. CCSF, LAGUNA HONDA HOSPITAL**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6142. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas L. Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, August 20, 1996
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:05 p.m.

Present:
- Commissioner Debra A. Barnes
- Commissioner Edward A. Chow, M.D.
- Commissioner Thomas Lee Eades
- Commissioner Sharon Gadberry, Ph.D.
- Commissioner Roma P. Guy, M.S.W.
- Commissioner Lee Ann Monfredini
- Commissioner Harrison Parker, Sr., D.D.S.

2) APPROVAL OF MINUTES OF THE MEETING OF JULY 16, 1996

Action Taken: The Commission unanimously adopted the minutes of July 16, 1996.

President Chow welcomed newly appointed Commissioner Harrison Parker, Sr., D.D.S. Dr. Parker has had his dental practice in Bayview Hunters Point for many years. He also is a consultant to Delta Dental Plan.

Act-Up San Francisco disrupted the meeting by storming onto the Commission dais, displaying a banner, shouting profanities, and throwing leaflets.

President Chow and Dr. Hernández gave special presentations to Mélange Matthews for her hard work on the planning and organizing of the Health Summit.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) Department of Public Health presentation of the Department's Annual Report of Gifts.

Commissioner Monfredini inquired about tracking the number of volunteer hours as in-kind contributions.

The Budget Committee recommended to the full Commission to approve the Annual Report of Gifts and request the Chief Financial Officer to transmit this report to the Board of Supervisors, Controller, and Purchaser.

(3.2) Request for approval by the Budget Committee of the Health Commission to accept and expend retroactively an augmentation to a grant in the amount of $83,500 from Comic Relief, Inc. for the period of October 1, 1995 through September 30, 1996.

(3.3) Request to retroactively apply for and accept and expend a new grant which allows no indirect costs, in the amount of $60,000 from the Miriam and Peter Haas Fund, to develop policy and programs for the Mental Health Managed Care Plan, in collaboration with the Director of Child, Adolescent and Family Services, for the period August 15, 1996 through August 14, 1997.

(3.4) Request to retroactively apply for, accept and expend a grant of $100,000 which includes indirect costs in the amount of $10,000, based on 10% of the total award from the State of California's Department of Mental Health, to develop a statewide suicide prevention training module package to prepare health and mental health practitioners to provide suicide prevention, early intervention, and postintervention services to the residents of San Francisco for the period of July 1, 1996 through June 30, 1997.

(3.5) DMS - Family Mosaic - Retroactive approval of Provider Pool of 178 individuals and agencies to provide services on an as-needed basis for children enrolled in the Family Mosaic Project, for a total maximum of $2,900,000 in FY 1996-97.

(3.6) CPHS-AIDS - Retroactive contract renewal and sole source approval with Glide Foundation in the amount of $67,440, to provide outreach services to Tenderloin residents, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with Glide Foundation for services totaling $165,754 during FY 1994-95).

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This item was postponed to a future meeting.

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Commissioner Monfredini did not discuss or vote on this item to avoid any perceived conflict of interest.

(3.16) DMS-CMHS - Retroactive contract renewal with East Bay Hospital for Medi-Cal funded ($4,000,000 for all seven providers) acute psychiatric inpatient hospital services for the period July 1, 1996 through June 30, 1997.

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Commissioner Gadberry did not discuss or vote on this item due to conflict of interest.

(3.19) DMS-CMHS - Retroactive contract renewal with Saint Francis Memorial Hospital, in the amount of $196,498, to provide 24-hour acute psychiatric inpatient services to adult patients and for Medi-Cal funded ($4,000,000 for all seven providers) acute psychiatric inpatient hospital services (a managed care program) for the period July 1, 1996 through June 30, 1997. (DPH contracted with St. Francis Memorial Hospital for services totaling $196,498 during FY 1994-95).

Public Speaker: John Borsos, SEIU Local 250.

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In general, Commissioners Monfredini and Gadberry expressed concern about the mental health contracts receiving a few low ratings but understand from the Department that all of the concerns reflected in the ratings have been addressed.

Action Taken: The Commission (Chow, Barnes, Eades, Gadberry, Guy, Monfredini, Parker) approved #3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9, 3.11, 3.13, 3.14, 3.16, 3.17, and 3.21. Items #3.10 and 3.12 were postponed to a future meeting.

Action Taken: The Commission (Chow, Barnes, Eades, Gadberry, Guy, Parker) approved #3.15. Commissioner Monfredini abstained.

Action Taken: The Commission (Chow, Barnes, Eades, Guy, Monfredini, Parker) approved #3.18. Commissioner Gadberry abstained.

Public Speakers: John Borsos, SEIU Local 250
Howard Wallace, Health Care Workers, Local 250

Action Taken: The Commission (Chow, Barnes, Gadberry, Monfredini, Parker) approved #3.19 and 3.20. Commissioners Eades and Guy voted no.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

ADMINISTRATION

Health Summit

As all of you are aware, the Mayor's Health Summit brought together health care experts, consumers, administrators, and professionals from throughout the City, as well as key federal and state administrators. The day-long session allowed San Franciscans to step back from the many specific problems facing City policy makers, and to focus on addressing the fundamental problems key to a comprehensive and successful health care policy. Participants outlined issues ranging from an inadequate focus on prevention of health care problems to the large proportion of San Franciscans who receive no, or inadequate care. Mayor Brown chaired the Summit. The Mayor called for a Blue Ribbon Task Force to work on the problems outlined by the participants and the innovative solution he proposed for them: a comprehensive restructuring of the City's health care system that will reduce the number of San Franciscans who cannot afford quality health care. I am sure the Commissions joins me in expressing appreciation to all DPH, MOCD, and MOCYF staff who volunteered their time to make this event a great success.

San Francisco Demonstration Project
I met with Dr. Philip Lee, U.S. Assistant Secretary of Health, on Friday to discuss San Francisco's plan to implement a Demonstration Project. Dr. Lee voiced his support emphasizing the need to craft creative and flexible health care solutions. Mr. Jeff Mori of the MOCYF and Mr. Michael Wald, Director of the Department of Human Services (vice DSS) were in attendance to discuss the importance of inter-departmental planning especially with regard to the availability of drug treatment. It will be critical to maintain dialogue with HHS and Secretary Shalala's Office as we prepare to implement welfare reform and broader health coverage for San Franciscans.

Mayor's Finance Director to Move to DPH
Margaret Kisliuk, Finance Director for Mayor Willie L. Brown, Jr., will move to DPH in early September as Deputy for Legislative and Fiscal Restructuring. Margaret will help craft the Demonstration Project articulated in last week's Summit. I am sure you join me in extending a warm welcome to Margaret, who brings tremendous legal and legislative expertise to us at this critical juncture.

Medical Marijuana
As you know, the Cannabis Buyer's Club, which provides medical marijuana to patients with a confirmed diagnosis for a number of illnesses, was raided by the State DA on August 4, confiscating cash, marijuana and medical records. Shortly after the raid, Supervisor Ammiano called for the Health Department to consider a state of medical emergency to reinstate the supply of medical marijuana to the Clubs' clientele. After reviewing legal authority and mandates with the City Attorney's Office, we determined no legal basis for declaring a state of emergency for medical "quality of life" related issues.

On August 16, the Board of Supervisors' Government Efficiency and Labor Committee, chaired by Supervisor Ammiano, held a 3-1/2 hour hearing which drew over 150 people. I testified at the hearing along with the District Attorney, City Attorney and a Mayoral staff person. After listening to testimony, the Committee members agreed that legally the City could not declare an emergency. Supervisor Ammiano and District Attorney Hallinan stated during the hearing they were going to write a letter to Attorney General Dan Lungren asking for restraint in prosecuting members of the Club. Locally, the San Francisco Police Department and District Attorney's Office have stated publicly that they will not arrest or prosecute medical marijuana users.

Prop 215, the Compassionate Use Act of 1996, which legalizes the use of medical marijuana, is on the ballot for the November election.

STATE UPDATE

Update on FY 1996-97 State Prop 99/CHIP Funding
For FY 1996-97, the Governor and State Legislature have continued Prop 99/CHIP funding to California counties at the same level as in FY 1995-96. San Francisco's allocation is approximately $9 million. All allocation amounts to private hospitals, the county hospital, and private physician providers will remain essentially the same.

The State collected more Tobacco Tax revenues than expected because cigarette smoking did not decline as sharply as predicted. Most of the additional revenues were allocated to fill the State funding gap in CHDP, and to the expansion of the Comprehensive Perinatal Outreach Program.

The Legislature additionally approved a substantial increase for the Health Education and Research Program (HERP) for FY 1996-97. As you may recall, the State is being sued because of reduced HERP funding during two prior fiscal years (FY 1994-95 and FY 1995-96). These suits currently on appeal should be resolved in the near future. Eighty million has been reserved for settlement costs.

FY 1997-98 Tobacco Tax-funded programs will be reviewed by the Governor and Legislature, and a new configuration of funding is expected.

FEDERAL UPDATE

Welfare Reform

The Personal Responsibility and Work Opportunity Act of 1996 (H.R. 3734) significantly changes the three largest welfare programs: Aid to Families with Dependent Children, Social Security Income and Food Stamps. President Clinton is expected to sign the bill this week.

H.R. 3734 ends the Federal guarantee of public assistance benefits and sends funding for those benefits to States in the form of block grants. H.R. 3734 takes effect on either July 1, 1997 or within six months of a State submitting its plan. Current estimates are that H.R. 3734 will cut approximately $70 billion in Federal expenditures over a six year period. The majority of the savings are derived from programs other than AFDC, namely Food Stamps and SSI, and from denying services to legal and undocumented residents:

Program	Fiscal Impact -- All Recipients	Savings -- Legal & Undocumented	% of Total
AFDC	Unknown	Unknown	Unknown
Food Stamps	($28.9 billion)	($ 3.4 billion)	12%
SSI	($22.9 billion)	($13.3 billion)	58%
Medicaid	($12.3 billion)	($11.7 billion)	95%
Child Nutrition	($ 3.3 billion)	($ 3.0 million)	9%
Earned Income Tax Credit	($ 1.6 billion)	($ 1.6 billion)	100%
Total	($69.0 billion)	($30.3 billion)	44%

The California Legislature has held informational meetings before both the Senate and Assembly to discuss the implications of H.R. 3734 on California. At this point, no definitive plan has been released on how the State will administer this block grant. Next week, Mr. Michael Wald, Executive Director of the Department of Human Services, will facilitate a community meeting with other City departments, advocates and consumers to discuss welfare reform and its implications. The significant components of the bill are outlined below:

- *Cash Assistance Block Grant:* H.R. 3734 creates a single cash welfare block grant called the Temporary Assistance for Needy Families Block Grant. States would have to maintain their own spending on welfare at 75% of the 1994 level -- or 80% if they failed to put enough welfare recipients to work.

- *AFDC:* The AFDC program is changed to the Temporary Assistance for Needy Families Program. Effective October 1, 1996, no individual will be entitled to receive welfare benefits. H.R. 3734 includes the following:

  * A five-year lifetime limit on benefits.

  * A requirement that recipients must work after two years on aid. States would not penalize a parents who could not find day care for children under six years old.

  * Flexibility for states to decide whether to deny added benefits for women who have additional children while on welfare.

- *Medicaid:* Under H.R. 3734, Medicaid is still an entitlement for anyone who qualifies under current law. However, states are allowed to terminate Medicaid for individuals who refuse to work. H.R. 3734 does extend transitional Medicaid eligibility for one year after a person is no longer eligible for AFDC due to earnings/employment status.

- *Supplemental Security Income:* H.R. 3734 tightens eligibility for disabled children, eliminating behavioral problems as a disabling mental impairment. Typically, these have been impairments have been shown to seriously limit a child from exhibiting age-appropriate behavior.

- *Food Stamps:* Requires able-bodied recipients with no dependents to work part time after receiving Food Stamps for three months.

- *Child Support:* Requires states to help establish paternity and maintain automated tracking systems to enforce child support orders. States must also provide a W-4 tax form to their state child support enforcement offices from all newly hired employees to assist in child support collections. Refusal to identify the father would mean a 25% loss in benefits.

- *Immigrant Issues:* H.R. 3734 incorporates many of the immigrant related restrictions on federal assistance contained in H.R. 2202 (Immigration in the National Interest Act) and S. 1664 (Immigration Control and Financial Responsibility Act). In addition, H.R. 3734 requires states to quarterly report the names of persons residing in the country unlawfully. Specific provisions are:

  Undocumented residents ("not qualified aliens") -- Ineligible for any federal public benefits except: (1) emergency medical care except organ transplants, (2) emergency disaster relief, (3) public health assistance and (4) programs such as soup kitchens, crisis counseling and short-term shelter.

  * Legal residents residing in the Country -- Food Stamps and SSI are denied to legal immigrants already in the country who are: (1) not veterans of the U.S. military, or (2) who have not worked and paid U.S. taxes for at least 10 years. Allows States to provide Medicaid or not provide it for legal residents already in the country.

  * Future legal residents -- Prohibits most future legal immigrants from receiving federal cash welfare benefits, with the exception of Medicaid, during their first five years in the United States. States have the option to deny AFDC and Medicaid to legal immigrants who enter the United States after the date of enactment.

As in the two previous immigration bills, "income deeming" is preserved: the income and resources of a legal immigrant shall be deemed to include those of any sponsor. Deeming continues until the legal immigrant achieves citizenship or has paid taxes for at least 10 years.

MANAGED CARE

SF Health Authority

I am extremely pleased to report that the SF Health Authority has received Knox-Keene licensure from the State Department of Corrections. Ms. Nikpay and her staff deserve acknowledgment for making this critical milestone in plan development. The Health Authority staff continue to work with State DHS to complete its Quality Improvement Plan as soon as possible. We anticipate enrollment before the end of the calendar year.

CaliforniaCare (Blue Cross Of California)

The Department and CaliforniaCare (Blue Cross of California) are currently discussing the provision of cost-based reimbursement to our Federally Qualified Health Centers that participate in their network.

CaliforniaCare maintains that it cannot provide interim rate payments to our FQHCs because of the low capitation rate that it is receiving from the State. CaliforniaCare has approached the State Department of Health Services to determine whether Assembly Bill 911 (which creates a "risk corridor" for local initiatives providing FQHC payments) can be applied to its commercial plan. We are waiting for a response to this letter. In the interim, CaliforniaCare is proposing that our FQHC s waiver their right to the interim reimbursement rate and reasonable cost based reimbursement, and that we accept a fee-for-service or capitated reimbursement rate contract.

As you know, FQHCs are entitled to receive cost-based reimbursement by federal law. However, in recognition of the financial constraints facing CaliforniaCare, we are proposing the following reimbursement plan for an interim period:

- Compensate the Community Health Network of San Francisco at Medi-Cal fee-for-service reimbursement levels, plus 5%, for Medi-Cal visits by enrollees of CaliforniaCare.

- Community Health Network of San Francisco would enter into this reimbursement mechanism with the express understanding that under no circumstances will it forego or waive its right to reasonable cost-based reimbursement for its FQHCs.

The contract between Blue Cross and the DPH would clearly state that the fee-for-service reimbursement does not constitute payment in full to the FQHCs and that our FQHCs are still entitled to cost reconciliation at year end.

It is critical that we maintain our right to right to cost-based reimbursement for the FQHCs. I have informed CaliforniaCare that we cannot, as a matter of policy, allow our FQHCs to enter into contracts which do not grant them cost-based reimbursement while simultaneously providing services under a hospital contract with the HMO. Approval of the hospital contract by the Health Commission and Board of Supervisors was contingent upon participation by CHNSF physicians and clinics. Furthermore, Blue Cross' position that some FQHCs (those affiliated with the San Francisco Community Clinic Consortium) will be provided interim cost-based reimbursement while the CHNSF is will not be very difficult to justify.

CaliforniaCare is currently reviewing our proposal. Until this issue has been rectified, the CHNSF is not a provider in the CaliforniaCare network. I am confident that this issue will be resolved satisfactorily for both the Department and CaliforniaCare. I will keep the Commission apprised of any new developments.

COMMUNITY PUBLIC HEALTH SERVICES

Homeless Appointments

I am pleased to announce that Barbara Garcia has agreed to accept the position of Director of Homeless Programs within Community Public Health Services. Ms. Garcia helped found, and then for eleven years, served as Executive Director of "Para la Gente Health Center" in Watsonville, where she worked extensively with homeless and migrant workers. She has recently completed a one-year tenure with SAMHSA, where she gained valuable federal policy experience in mental health, substance abuse and AIDS. She was a strong consensus candidate from staff, community and department panels that interviewed her. We are very fortunate to have her with us.

I am equally pleased to announce Mark Trotz, currently of the Mayor's Homeless Office, will be joining the Department next month. Mr. Trotz will work on capital acquisition and housing development in an effort to augment the Department's capacity to develop supportive housing alternatives for HIV infected, seriously mentally ill and/or residential substance abuse drug treatment. We believe the combination of Barbara Garcia and Mark Trotz will put our Homeless Programs in a strong position to address the current and pending issues facing the City.

Breast Cancer Town Hall Meeting

On July 27, Representative Nancy Pelosi hosted a town hall meeting on breast cancer at Fort Mason. Prior to the town hall meeting, Representative Pelosi held a press conference at Southeast Health Center to highlight the importance of further research into the troubling findings related to breast cancer among African-American women under the age of 50 as well as the more general research into possible linkages between health problems and the environment in the Bayview Hunters Point community. Representative Pelosi brought the Director of the National Cancer Institute to hear first-hand about our assessment project, and she promised to attend one of the monthly meetings at Southeast Health Center to see how she might be of further assistance to our efforts.

New Name for Home Health Agency

A new name has been selected for the expanded Home Health Agency. As part of the outreach and marketing plan in the next several months, our service will be identified as "Health At Home": The "Home Health Agency of the San Francisco Department of Public Health." Expanded outreach efforts have already been made to discharge planners and providers at SFGH and Laguna Honda, as well as to providers at the community-based health centers.

SAN FRANCISCO GENERAL HOSPITAL

DPH-UCSF Clinical Practice Group MOU

The Department met with Ed Harrington, Controller, to discuss the MOU between the Department and the UCSF Clinical Practice Group (CPG). This MOU was approved by the Commission on July 2 and will be considered by the Board of Supervisors' Government Efficiency and Labor Committee today.

The Controller was supportive of the MOU and the financial relationship, including risk pools, being forged between the Department and the CPG. One of the results of this meeting was an agreement to make three amendments to this MOU. These amendments are as follows:

- Both DPH and CPG agree to retain sufficient reserves to cover their risks under the risk pools as determined on a quarterly basis;

- The Controller may review the MOU and all of its amendments biannually;

- The authority of the Director of Health to amend the Hospital Risk Pool was amended so that DPH could not share in less than fifty percent (50%) of any surpluses (at the initiation of the contract, DPH will receive seventy-five percent (75%) of any surpluses in this risk pool).

We will continue to keep the Commission apprised of the status of this important contract as it is considered by the Board of Supervisors. We will also notify you if any additional changes are made.

Diversion Statistics
Critical Care Diversion for the period August 1 through 19, 1996 was 101 hours and 35 minutes or 22.3%. The Emergency Department diverted for 0 hours.

DIVISION OF MENTAL HEALTH

Suicide Prevention Training Grant Award

The State Department of Mental Health has awarded $100,000 to the Division of Mental Health Services for their submission of a proposal to develop a suicide prevention training package. The proposal entitled, "A Comprehensive Mental Health Suicide Prevention Training: Recognition, Response, Resources and Recovery", was submitted in response to the State DMS' RFP for a suicide prevention training module which can be usable on a statewide basis and available to all counties. San Francisco's proposal emphasized a comprehensive prevention model that incorporated cultural competency, strategies under managed care, consumer participation and community partnerships.

SAMHSA Block Grant

The State conducted a two-day site review last week of the City's FY 1995-96 Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant. The reviewers gave the County complimentary feedback at the exit interview. The official written report is expected in three weeks.

Victorian Manor Update

The Department recently learned that the owners of the Victorian Manor Residential Care Facility may have accepted an offer from a private East Bay Skilled Nursing Facility operator. The City Attorney's Office advises that the offer may include a number of contingencies.

There are still over 30 seriously impaired individuals at the facility, many of whom are mental health clients. The Department, with the Mayor's Office of Housing, will continue to work together to negotiate access in this facility either with the current owners or the new owner. We believe this 100 bed facility may be ideal for mixed use housing and perhaps some independent living. The Department received a call from Local 250 offering to assist in the City's efforts.

BUREAU OF EPIDEMIOLOGY, DISEASE CONTROL AND AIDS

Ambassador Hotel

For the past few weeks there have been numerous problems at the Ambassador Hotel in the Tenderloin. This hotel houses 80-100 clients with AIDS, many of whom have mental illness and substance use problems. The Department of Public Health does not directly fund the Ambassador Hotel, which is a for-profit private institution. However, we provide rental subsidies and other health services for people with AIDS who are living at the Ambassador.

Problems have resulted from a lack of payment by the owner/operator for power, water and various repair contracts for elevators, plumbing, etc. PG&E was turned off briefly in July and the water was turned off prior to that for excessive unpaid bills. Hotel Management has been unresponsive despite numerous calls and inspections. The condition of the hotel is continuing to deteriorate and serious health hazards exist there.

To date, staff from the AIDS Office have met with owners and managers of other Tenderloin hotels to see if they would be interested in working with us and with our clients. The response has been positive. The management company, as well as managers of other hotels, are eager to assist our clients access to affordable, safe, decent housing. Follow-up meetings with the managers of the Cadillac, Dalt and other hotels, and AIDS service providers will be scheduled. Rooms in these other hotels are in better condition and the management is more responsible and sensitive to people with HIV and their needs.

We will be moving forward expediently with offering clients in the Ambassador Hotel an alternative site to live.

Grant Received from the California University-wide Task Force on AIDS

I am very proud to announce that the AIDS Office received a grant of $119,143 from the California University-wide Task Force on AIDS. The grant will allow the AIDS Office to evaluate the referral component of the HIV Counseling, Testing, Referral, and Partner Notification Program in several Department of Public Health sites. This is an important scope of work. We believe it is critical that persons who test HIV negative but are at high risk for ultimately seroconverting be referred to ongoing HIV prevention interventions. This grant will allow us to determine the proportion of high-risk persons who receive referrals, and will pilot an intervention to increase the proportion of persons who follow through on the referrals. This was an extremely competitive grant application. Of 34 proposals received, the AIDS Office proposal ranked fourth, and was one of the few funded. My congratulations go to Rani Marx, Ph.D., who wrote the proposal.

EMERGENCY MEDICAL SERVICES

Power Outage

On Sunday August 10, there was a major power outage throughout the Western United States. Locally, the Office of Emergency Services activated the City's Emergency Command Center. Responding from the Department of Public Health was Sebastian Wong, Assistant Chief Paramedic, Jorge Palafox, Disaster EMS Specialist and Ken Passamaneck, MD, for the Division of Mental Health. EMS activities included a roll call of all hospitals. Ambulance response was required for 10 individuals needing emergency delivery of home oxygen. Some of these calls were handled by private BLS ambulances. No other response activities by the Department were warranted.

EMS Configuration Project

As the Commission is aware, a report on the EMS Configuration Project will be brought to a joint Health and Fire Commission meeting in October. This report will provide an implementation plan for a merger of the San Francisco Paramedic Division into the Fire Department. To fully inform the EMS community about the proposal, and to seek feedback about the proposal, the EMS Agency arranged for Channel 54 to videotape a 90 minute presentation on the plan. Seventy copies of the videotape will be circulated to the Paramedic Division, Fire Houses, the Paramedic Association, the San Francisco Emergency Physicians' Association, Locals 790 and 798, and the general public. Persons with questions, concerns or suggestions will be able to call, write or E-mail their concerns on the EMS agency. The final Town Hall meeting will be held on August 27 at 1:30 p.m. at Laurel Heights. Based on the feedback at this Town Hall meeting a final plan will be prepared for the Joint Commission Meeting.

MANAGEMENT INFORMATION SYSTEM

The Department's Management Information Systems Team continues to make steady progress in the implementation of clinical, administrative and Managed Care systems. Working closely with Physician and Nursing liaisons, the first phase of automated Clinical Orders went successfully live at SFGH. In addition, the first use of patient information contained in the Lifetime Clinical Record was piloted at the 6M and 1M medical clinics at SFGH.

All Community Based Primary Care Health Centers have been converted to the new Ambulatory Care system with positive impacts already being seen in the areas of registration, scheduling and patient revenue generation procedures.

Finally, the systems required for Managed Care enrollee eligibility, benefits and claims processing are nearing completion and will be available for the integrated data functions needed to administer the Blue Cross contract, once this is finalized, as well as other Managed Care provider contracts which the Department may enter into the future.

TOBACCO TAX PROGRAM

State DHS Site Visit of Tobacco Tax Program

On Tuesday, July 30, the State Department of Health Services, Office of County Health Services visited DPH programs funded by Prop 99 Tobacco Tax revenues. Under the coordination of Jeff Leong and Lynne Smith from the AB 75 Project, the State staff responsible for the oversight of the grant funds were introduced to our County Prop 99 programs. They met with providers and administrative staff and were escorted to St. Luke's Hospital and SFGH. The County receives a total of $9 million in Prop 99 funding annually.

At San Francisco General Hospital, the State representatives met with UCSF physicians and with Richard Cordova who explained that the funds are used to support indigent health care at SFGH. The tour consisted of the emergency department, the new intensive care nursery unit (partially paid for by Tobacco Tax funds), and the inpatient and outpatient AIDS wards.

At the end of the day, the State Administrators remarked that they were impressed by the extensive and detailed tour of DPH programs and said they would report the success of the San Francisco programs back to Sacramento policy makers.

July statistics are available in the Commission Office.

Credentialing of Medical Staff (SFGH)

July 1, 1996 - July 31, 1996

Committee Actions		**July**	
Appointments - Medical Staff	Active	1	
	Courtesy	6	
	Affiliated		0
Total:		7	
Reappointments - Medical Staff	Active	37	
	Courtesy	30	
	Affiliated		7
Total:		67	7

Laguna Honda Geriatric Certification
Recently three members of the Laguna Honda medical staff received notification that they have passed the examination for added qualifications in geriatrics. These three are Don Beck, M.D., Theresa Berta, M.D., and Katy Murray, M.D.

Commissioner Monfredini left at 4:15 p.m.

5) PRESENTATION OF THE ANNUAL REPORT FROM THE VIDEO DISPLAY TERMINAL ADVISORY COMMITTEE

Dr. Larry Meredith, Deputy Director of CSAS Forensics, and BEHM, reported that the VDT Advisory Committee is appointed by the Board of Supervisors. The 1995 Annual Report discusses the status of the Ordinance and previous Committee recommendations. It reviews recent research on VDT related health effects, advances in work station and protective equipment, and provides an update on Federal and State Legislation on VDT regulations.

John Cammidge, VDT Advisory Committee member, presented the report which included:

- Purpose and structure of the Advisory Committee.
- Status of Ordinance and previous Committee recommendations.
- Status of the San Francisco VDT Program.
- Update on VDT related legislative and regulatory activities.
- Review of recent research on VDT related health effects.
- Summary of advances in work station and protective equipment.

Mr. Cammidge gave an overview of the Conclusions and Recommendations, (Attachment A) .

Commissioner Guy requested the number of claims submitted in DPH for VDT related conditions.

Action Taken: The Commission (Chow, Barnes, Eades, Guy, Gadberry, Parker) accepted the report and recommended its transmittal to the Board of Supervisors.

Commissioner Barnes left at 4:45 p.m.

6) CONSIDERATION OF A RESOLUTION APPROVING THE DEPARTMENT OF PUBLIC HEALTH'S CONTRACT STREAMLINING PLAN, AND AUTHORIZING THE DEPARTMENT TO INITIATE CHANGES TO THE ADMINISTRATIVE CODE TO STREAMLINE THE PROCESSING OF SERVICE CONTRACTS FOR THE DEPARTMENT OF PUBLIC HEALTH

Monique Zmuda, Chief Financial Officer, presented the Department's proposed Contract Streamlining Plan. She reported that the plan is designed to reduce the existing backlog of retroactive contracts, speed up the current contract process, and standardize the program review procedures in the Department. All of these issues had been raised by the Commission to Dr. Hernández.

Ms. Zmuda pointed out the current process in the Department of Public Health Contract Development Chart, (Attachment B), and the proposed process in the Department of Public Health Contract Development Chart, (Attachment C). Overall the Department estimates that the processing time can be reduced from a range of 77-224 days to a range of 52-142 days. She gave an overview of the causes of delays, steps taken to minimize delays, and proposed actions to reduce steps in the approval process, to simplify contracting procedures, and to establish standards for performance for Department staff and contractors. She also described the concept for an incentive program for staff and contractors who exceed the performance standards. The plan also includes revising monitoring report procedures to increase its usefulness.

The proposed recommendations have been reviewed by the City Attorney's Office and, upon support from the Commission, the Department will then move forward to discuss these recommendations with Purchasing, the Controller's Office, the Human Rights Commission, and the Mayor's Office. This effort will be coordinated by Ms. Zmuda. The Department will give a progress report to the Commission in January.

The Department presented a timetable to finish present retroactive contracts by October.

Public Speakers: Jan Gilbrecht, Local 21, requested to delay any action.
Dale Butler, SEIU, requested to delay any action.
Jim Illig, HIV Contractors Association.
Marshia Herring, AIDS Office, requested continued discussions with staff for their input.

President Chow and Dr. Hernández thanked the Department of Public Health program managers and contract managers for their work and their participation in developing the proposed contract streamlining plan.

Comments/concerns of Commissioners:

- appreciative of the Department's responsiveness and comprehensive work to develop this proposed plan which would streamline the contracting process.
- supportive of giving the Department the ability to move forward to negotiate with outside agencies.
- could advise the Department on approaching the Human Rights Commission.
- would like the issue of the Departmental signatures be revisited.
- prefers to keep the threshold at $50,000 for Health Commission review of contracts and not increase it to $100,000.
- supports concept of master contracting
- would like to request yearly a list of contracts less than $50,000 that do not come before the Health Commission.
- contractors need to submit appropriate documents in a timely fashion; question of penalties was raised.
- supportive of the concepts and principles in the proposed plan but would like some of the specifics revisited as outlined above.

Action Taken: The Commission (Chow, Eades, Gadberry, Guy, Parker) approved Resolution #18-96, with amendments, (Attachment D), "Approving the Principles and Policies in the Department of Public Health's Proposed Contract Streamlining Plan, and Authorizing the Director of Health to Initiate Changes to the Administrative Code to Streamline the Processing of Service Contracts for the Department of Public Health".

7) PUBLIC COMMENTS

Public Speakers:
Franklin Devore
Laura Stalk
Jim Berk, Yerba Buena Neighborhood Council

8) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54956.9, CONFERENCE WITH LEGAL COUNSEL: CONSIDERATION OF A PROPOSED SETTLEMENT OF $50,000 IN THE CASE OF MAURICE LEWIS COLLINS ET AL VS. CCSF ET AL, SUPERIOR COURT #962-003

Action Taken: The Commission (Chow, Eades, Gadberry, Guy, Parker) approved the proposed settlement of $50,000.

Action Taken: The Commission (Chow, Eades, Gadberry, Guy, Parker) finds that it is in the best interest of the public not to disclose its closed session deliberations.

9) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION #54956.9, CONFERENCE WITH LEGAL COUNSEL: CONSIDERATION OF PROPOSED SETTLEMENT OF CLAIM #95-03216 FOR $203,134 IN THE CASE OF CLARENCE PATON VS. CCSF, LAGUNA HONDA HOSPITAL.

Action Taken: The Commission (Chow, Eades, Gadberry, Guy, Parker) approved the proposed settlement of $203,134.

Action Taken: The Commission (Chow, Eades, Gadberry, Guy, Parker) finds that it is in the best interest of the public not to disclose its closed session deliberations.

The meeting was adjourned at 6:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

Conclusions and Recommendations

In 1995, the Committee recognized the importance of revising the Ordinance to bring it in line with the 1992 judgment of the Superior Court and Committee recommendations previously approved by the Board of Supervisors. Furthermore, recent findings from VDT research and developments in product design suggested that a review of the Ordinance and its provisions would be timely. Over the year, the Committee spent considerable effort drafting a suitable revision for review by the Board. Nonetheless, the current regulatory and legislative environment, particularly in the State of California, is poised to have significant impact upon the Ordinance and the manner in which the City implements it. Furthermore, Elaine Warren of the City Attorney's Office has recommended that the Committee review developments in the standard setting process over 1996 before acting on a revision of the Ordinance.

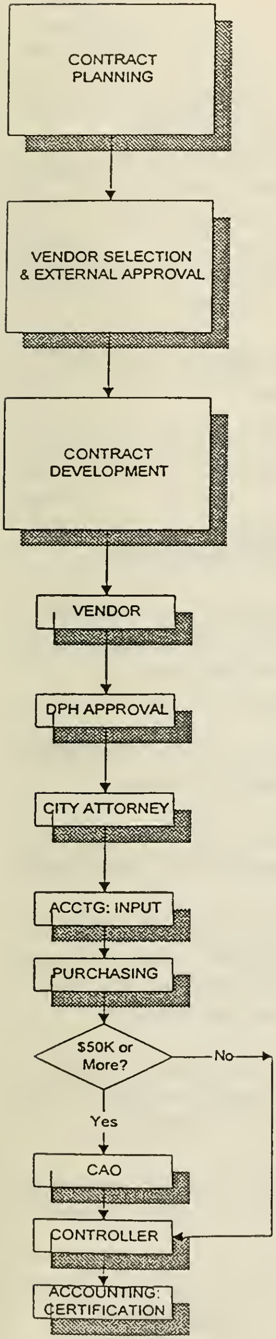
Therefore, although the Committee strongly supports revising the Ordinance, the Committee recommends at this time that the Board of Supervisors delay revision until some of the challenges before the State Legislature and Cal/OSHA Standards Board have been resolved. The Committee will continue to monitor events at the State and Federal levels and will apprise the Board of any actions that affect the Ordinance, its implementation, and the process of revising it. The Board is, however, requested to move forward on previous recommendations that do not require Ordinance revision. Several recommendations have been approved by the Board, but not yet implemented. They are as follows (please see the annual report cited for a detailed analysis):

1993: >> Ensure adequate DPH staffing for effective implementation of the Ordinance,
>> Provide vision insurance coverage for VDT operators,
>> Communicate to department heads and employees the option of minimum aggregate 3 minute work/rest breaks per hour of continuous repetitive VDT work,

1994: >> Ensure adequate funding for City departments to meet the equipment and training requirements of the Ordinance,
>> Provide a training program for administrators, and
>> Encourage City departments to institute joint management-employee VDT committees or health and safety committees with VDT operators as members.

Attachment A
Page 1 of 1

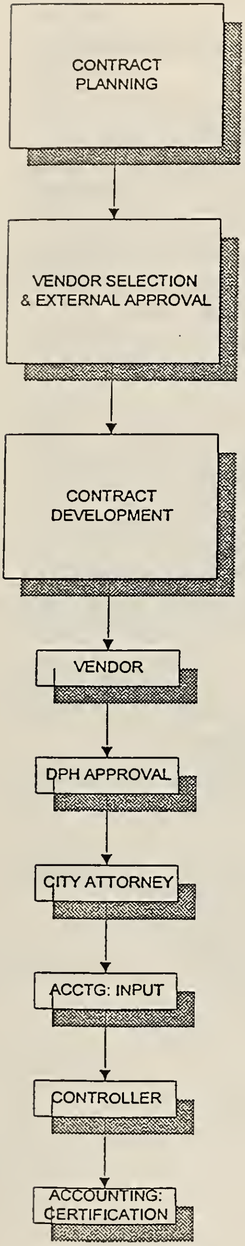
DPH CONTRACT DEVELOPMENT CHART -- **CURRENT** PROCESS


CONTRACT PLANNING
VENDOR SELECTION & EXTERNAL APPROVAL
CONTRACT DEVELOPMENT
VENDOR
DPH APPROVAL
CITY ATTORNEY
ACCTG: INPUT
PURCHASING
$50K or More?
No
Yes
CAO
CONTROLLER
ACCOUNTING: CERTIFICATION

CONTRACT PLANNING: • New Service or Service Renewal • Approval of overall budget allocations • Monitoring Report for old services	(Process dependent upon the renewal of funds)
VENDOR SELECTION AND EXTERNAL APPROVAL • Selection done through an RFP, a Sole Source, or Good Faith Efforts to identify potential providers • An RFP takes a minimum of 60 days • A Sole Source takes a minimum of 30 days • Good Faith Efforts take a minimum of 30 days • *Time for Selection* varies & *not included* in days (right) • *External Approval* from the Civil Service Commission and the Human Rights Commission • *Notification Letter* sent to potential contractor	*(All days in calendar days.)* (21 to 45 days)
CONTRACT DEVELOPMENT • Negotiate Terms and Specifications • Review draft service deliverables and budgets • Assemble contractual agreement and associated documents for approval	45 to 90 days)
VENDOR APPROVAL • Secure Vendor signature on agreement	(1 to 14 days)
DEPARTMENT APPROVAL • Executive Staff review & approval • Health Commission approval	(3 to 21 days)
CITY ATTORNEY APPROVAL • Approval of the agreement as to form.	(1 to 2 days)
ACCOUNTING INPUT • Verify funding • Input contract to ADPICS	(1 to 14 days)
PURCHASING APPROVAL • Verify payment of or exemption from City Business Tax • Purchasing approval required on all contracts	(1 to 7 days)
CAO APPROVAL (If contract is $50K or more) • CAO approval required on contracts $50K or more	(2 to 3 days)
CONTROLLER'S APPROVAL • Certification of funds	(1 to 14 days)
ACCOUNTING CERTIFICATION • Print out certification document	(1 to 14 days)
TOTAL PROCESSING TIME (range)	(77 to 224 days)

Attachment B
Page 1 of 1

DPH CONTRACT DEVELOPMENT CHART -- *PROPOSED PROCESS*


CONTRACT PLANNING
VENDOR SELECTION & EXTERNAL APPROVAL
CONTRACT DEVELOPMENT
VENDOR
DPH APPROVAL
CITY ATTORNEY
ACCTG: INPUT
CONTROLLER
ACCOUNTING: CERTIFICATION

CONTRACT PLANNING:

- New Service or Service Renewal
- Approval of overall budget allocations
- Monitoring Report for old services

(Process dependent upon the renewal of funds)

(All days in calendar days.)

VENDOR SELECTION AND EXTERNAL APPROVAL

- Selection done through an RFP, a Sole Source, or Good Faith Efforts to identify potential providers
- An RFP takes a minimum of 60 days
- A Sole Source takes a minimum of 30 days
- Good Faith Efforts take a minimum of 30 days
- *Time for Selection* varies & not included in *days* (right)
- *External approval* from Civil Service Commission
- *Notification Letter* sent to potential contractor

(14 to 35 days)

CONTRACT DEVELOPMENT

- Negotiate Terms and Specifications
- Review draft service deliverables and budgets
- Assemble contractual agreement and associated documents for approval

(30 to 60 days)

VENDOR APPROVAL

- Secure Vendor signature on agreement

(1 to 7 days)

DEPARTMENT APPROVAL

- Executive Staff review & approval
- Health Commission approval

(3 to 14 days)

CITY ATTORNEY APPROVAL

- Approval of the agreement as to form

(1 to 2 days)

ACCOUNTING INPUT

- Verify funding
- Input contract to ADPICS

(1 to 7 days)

CONTROLLER'S APPROVAL

- Certification of funds

(1 to 10 days)

ACCOUNTING CERTIFICATION

- Print out certification document

(1 to 7 days)

TOTAL PROCESSING TIME (range) *(52 to 142 days)*

Attachment C
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 18-96

APPROVING THE PRINCIPLES AND POLICIES IN THE DEPARTMENT OF PUBLIC HEALTH'S PROPOSED CONTRACT STREAMLINING PLAN, AND AUTHORIZING THE DIRECTOR OF HEALTH TO INITIATE CHANGES TO THE ADMINISTRATIVE CODE TO STREAMLINE THE PROCESSING OF SERVICE CONTRACTS FOR THE DEPARTMENT OF PUBLIC HEALTH

WHEREAS, the time needed to process a service contract for the Department of Health ranges from 77 to 224 days; and,

WHEREAS, the lengthy and duplicative process results in delays in the processing of service contracts; and,

WHEREAS, the Health Commission is often requested to approve service contracts retroactive to the period in which the services began; and,

WHEREAS, the Health Commission requested that the Department analyze its contract process and make recommendations to reduce the delays; and,

WHEREAS, the Department submitted a Contract Streamlining Plan which recommends that the duplicative approval process be reduced, that contracting procedures be simplified, that standards for employee and contractor performance in the processing of contracts be developed and adhered to, and that monitoring report procedures be revised to increase their usefulness; and,

WHEREAS, the recommendations, if implemented, would reduce the processing time for service contracts to a range of 52 to 142 days; and,

WHEREAS, the implementation of some of the recommendations will require amendments to the City and County Administrative Code; therefore, be it

RESOLVED, that the Health Commission approves the principles and policies in Department's proposed Contract Streamlining Plan, and authorizes the Director of Health to initiate a proposal to amend the Administrative Code to reduce the duplication in the approval process for service contracts for the Department of Health; and, be it

FURTHER RESOLVED, that the Health Commission urges the Mayor and the Board of Supervisors to approve changes to the Administrative Code which streamline the processing of the Department of Health service contracts.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, August 20, 1996.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment D
Page 1 of 1

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas L. Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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AGENDA

HEALTH COMMISSION MEETING

September 3, 1996
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF AUGUST 20, 1996

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) CHS-AIDS - Retroactive contract renewal with Central City Hospitality House, in the amount of $52,672, to provide HIV prevention, education and risk reduction services for homeless and runaway youth in San Francisco, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with Central City for services totaling $613,418 during FY 1994-95).

(3.2) CHS-AIDS - Retroactive contract renewal with Iris Center: Women's Counseling and Recovery Services, in the amount of $112,293, to provide HIV/AIDS prevention and education services to women, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with Iris Center for services totaling $1,095,041 during FY 1994-95).

(3.3) CHS-AIDS - Retroactive contract renewal with Westside Community Mental Health Center, in the amount of $158,200, to provide HIV counseling, testing, referral, and partner notification (CTRPN) to injection and other drug users, and their sex and/or needle-sharing partners, for the period of January 1, 1996 through December 31, 1996. (DPH contracted with Westside Community MHC for services totaling $2,759,397 during FY 1994-95).

(3.4) CHS-SEHC - Retroactive contract renewal with Bayview Hunters Point Multipurpose Senior Center, in the amount of $50,858, for the provision of therapeutic day recreation, personal care and exercise assistance to frail elders or disabled persons, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with Bayview for services totaling $49,377 during FY 1994-95).

(3.5) SFGH - Retroactive approval and renewal of a sole source, two year contract with the University of California, San Francisco (UCSF) for the period of July 1, 1995 through June 30, 1997, for Tertiary Care Services at San Francisco General Hospital (SFGH), in the amount of $720,000 for FY 1995-96 and $1,100,000 for FY 1996-97. (DPH contracted with UCSF for services totaling $59,963,224 during FY 1994-95).

(3.6) SFGH-Admin - Retroactive new contract and Hold Harmless provision approval with University of California, San Francisco, for provision of services specified as necessary by the California Children Services (CCS) for Community Level Neonatal Intensive Care designation in the amount of $5,775 per year, for the period of July 1, 1996 through June 30, 2002.

(3.7) DPH-Corp. - Retroactive contract renewal and sole source with Systems Support Technologies, in the amount of $561,028, for the provision of a complex information system, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with Systems through the Shared Medical Systems contract for services totaling $1,142,217 during FY 1995-96).

4) **DIRECTOR'S REPORT**
(Dr. Sandra R. Hernández, Director of Health)

5) **CONSIDERATION OF AMENDMENTS TO THE MEDICAL STAFF BYLAWS OF LAGUNA HONDA HOSPITAL**

6) **PRESENTATION OF "PROFILE OF INJURY IN SAN FRANCISCO - AUGUST 1996"**

7) **OTHER BUSINESS/PUBLIC COMMENTS***

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6142. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas L. Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
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Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

/96

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, September 3, 1996
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:05 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow Commissioner Roma P. Guy, M.S.W. Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S.
Absent:	Commissioner Sharon Gadberry, Ph.D.

2) APPROVAL OF MINUTES OF THE MEETING OF AUGUST 20,1996

Action Taken: The Commission unanimously adopted the minutes of August 20, 1996.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) CHS-AIDS - Retroactive contract renewal with Central City Hospitality house, in the amount of $52,672, to provide HIV prevention, education and risk services for the homeless and runaway youth in San Francisco, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with Central City for services totaling $613,418 during FY 1994-95).

(3.2) **CHS-AIDS** - Retroactive contract renewal with Iris Center: Women's Counseling and Recovery Services, in the amount of $ 112,293, to provide HIV/AIDS prevention and education services for women, for the period of July 1, 1996 through June 30, 1997 (DPH contracted with Iris Center for services totaling $1,095,041 during FY 1994-95).

(3.3) **CHS-AIDS** - Retroactive contract renewal with Westside Community Mental Health Center, in the amount of $158,200, to provide HIV counseling, testing, referral, and partner notification (CTRPN) to injection and other drug users, and their sex and /or needle sharing partners, for the period of January 1, 1996 through December 31, 1996. (DPH contracted with Westside Community MHC for services totaling $2,759,397 during FY 1994-95).

(3.4) **CHS-SEHC** - Retroactive contract renewal with Bayview Hunters Point Multipurpose Senior Center, in the amount of $50,858, for the provision of therapeutic day recreation, personal care and exercise assistance to frail elders or disabled persons, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with Bayview for services totaling $49,377 during FY 1994-95).

The agency today submitted its audit, which will be reviewed by Department staff.

(3.5) **SFGH** - Retroactive approval and renewal of a sole source, two year contract with the University of California, San Francisco, (UCSF) for the period of July 1, 1996 through June 30, 1997, for Tertiary Care Services at San Francisco General Hospital (SFGH), in the amount of $720,000 for FY 1995-96 and $1,100,00 for FY 1996-97. (DPH contracted with UCSF for services totaling $59,963,224 during FY 1994-95).

(3.6) **SFGH-Admin** - Retroactive new contract and Hold Harmless provision approval with University of California, San Francisco, for provision of services specified as necessary by the California Children Services (CCS) for Community Level Neonatal Intensive Care designation in the amount of $5,775 per year, for the period of July 1, 1996 through June 30, 2002.

(3.7) **DPH-Corp.** - Retroactive contract renewal and sole source with Systems Support Technologies, in the amount of $561,028, for the provision of a complex information system, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with Systems through the Shared Medical Systems contract for services totaling $1,142,217 during FY 1995-96).

Action Taken: The Commission (Chow, Barnes, Eades, Guy, Monfredini, Parker) approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT

(Sandra R. Hernandez, M.D.)

COMMUNITY PUBLIC HEALTH SERVICES

Special Programs for Youth

There has been a recent series of articles about girls in custody at the Youth Guidance Center. Since the Department of Public Health is responsible for the health care of all youth while they are in custody at the Youth Guidance Center, the articles present an opportunity to provide the Health Commission with a very brief profile of the types of services we provide to girls through our Special Programs for Youth (SPY).

Girls who are detained at Youth Guidance Center receive medical, mental health, case management and health education services from SPY staff. Those services include:

- Health screening, medical examinations and follow up on all CHDP health exams;
- Case management for youth with complex medical problems;
- Comprehensive, coordinated health education and mental health services including drug and alcohol prevention and information, mental health assessments, crisis intervention, supportive therapeutic counseling services, outpatient family counseling, individual and group counseling focusing on such issues as childhood trauma, sexual exploitation and post-traumatic stress disorder and teen pregnancy and STD prevention;
- Counseling and coordination of assistance from families and community organizations for girls who have positive pregnancy tests;
- Assessment and education related to parenting skills, as well as coordination with the Teen Age Parenting Program (TAPP) while they are incarcerated.

We look forward to working collaboratively with the new Juvenile Probation Department administration to help young girls whose lives are in a state of crisis.

SAN FRANCISCO GENERAL HOSPITAL

Bay Care

Discussion continues with Bay Care Physicians, a primary care Independent Practice Association (IPA), to develop a risk sharing agreement for Medi-Cal Managed Care. This contract will allow private sector physicians to admit Medi-Cal patients to San Francisco General Hospital. There are a few technical issues that must be resolved before we can proceed, however, we hope these issues will be resolved this week. Once negotiations are completed this contract will be submitted to the Health Commission for approval.

Diversion Statistics

Critical Care Diversion for the period August 1 through 31, 1996 was 122 hours and 55 minutes or 16.5%. The Emergency Department diverted for 1 hour and 22 minutes or 0.2%.

LAGUNA HONDA HOSPITAL

LHH Clinical Pharmacist Honored

Debra Leitner, Pharm.D., has been named as the first honoree of the Pharmacy Council for the Stroke Prevention Award. The Award is presented to a pharmacy practitioner who has demonstrated sustained excellence in the field of stroke prevention research and awareness. Dr. Leitner was nominated for work done at Laguna Honda Hospital on the value of anticoagulation in stroke prevention in the elderly, and development of several related educational programs for pharmacists and other health care providers. The Pharmacy Council on Stroke Prevention is a national public health organization committed to the education and training of consumers, pharmacists, and other health professionals for prevention of stroke and coronary artery disease. Dr. Leitner will receive her Award in December at a special program in New Orleans, Louisiana.

LHH Medical Director Appointment

Mary Anne Johnson, M.D., Medical Staff Director at LHH, has been reappointed as the American Association's principal representative to the Joint Commission on Accreditation of Healthcare Organizations: Professional & Technical Advisory Committee for the Accreditation Program for Long Term Care. Dr. Johnson will continue, on behalf of the AHA, to represent the interests and policies of the nation's hospitals to the Joint Commission. I am sure you join me in extending congratulations to Dr. Johnson.

DIVISION OF MENTAL HEALTH

Victorian Manor

Victorian Manor continues to operate with a smaller staff approximately 30 patients. As reported at the last Commission meeting, a bid has been made to purchase the facility. The prospective buyer has already applied for a license to operate the facility as a residential care facility for elderly, the same license the facility currently holds. The application states the buyers intend to keep the current patients.

The Division of Mental Health Services, Department of Health's Housing Coordinator has scheduled a meeting with the proposed developer to explore future operations and continued cooperation with the Department.

Assertive Community Treatment

As you may recall, the Division of Mental Health (DMS) recently issued a request for proposals for Assertive Community Treatment (ACT) programs. ACT targets the most seriously mentally ill clients: high users of acute hospital services and locked mental health facilities (IMD), and those for whom our existing systems and services have been ineffective.

DMS identified 645 clients who meet this profile. These high users cost the mental health system an average of $37,611 a year. Research has demonstrated the effectiveness of an ACT model program where the program has responsibility for the total care of the client. We asked for providers to assume fiscal risk by receiving a capitated rate for enrollees for most services and sharing risk with the County for hospital and IMD services.

The County issued an RFP to community based providers who currently serve San Francisco mental health clients. At the same time we requested applications with an RFA from programs directly operated through the County. We received four proposals from community based organizations and two applications from Civil Service programs. The responses offer unique and thoughtful collaborations among providers well versed in serving the chronically mentally ill and detail creative ideas in implementation of an appropriate service system for clients who have difficulty in maintaining in community settings. DMS will initiate negotiations with the top rated application and the two top rated proposals and expects to be presenting contracts to the Health Commission this fall. We will continue discussions with the other applicants to see if there is a way to implement some or all of the innovative ideas in their proposals.

5) CONSIDERATION OF AMENDMENTS TO THE MEDICAL STAFF BYLAWS OF LAGUNA HONDA HOSPITAL

Dr. Mary Anne Johnson, Medical Director of Laguna Honda Hospital, presented the proposed amendments to the Laguna Honda Hospital Medical Staff Bylaws.

> Action Taken: The Commission (Chow, Barnes, Eades, Guy, Monfredini, Parker) approved the proposed amendments to the Medical Staff Bylaws of Laguna Honda Hospital.

6) PRESENTATION OF "PROFILE OF INJURY IN SAN FRANCISCO - AUGUST 1996"

Michael Radetsky, M.P.H., one of the authors of this report, and Dr. Andrew McGuire, of the San Francisco Trauma Foundation and Injury Center, presented the 1996 edition of the Profile of Injury in San Francisco.

An Executive Summary of the report is available from the Commission Office (554-2666). A cover letter (Attachment A) from Dr. Hernandez and Elizabeth Mc Loughlin, Sc.D., Prevention Director of the San Francisco Injury Center, gives an overview of the report.

Dr. Hernandez stated that the report is distributed to the community and internally within the Department. Data from the report is used to help obtain grants for injury prevention groups, as a basis for continuing injury prevention programs, and for planning purposes in restructuring public health programs.

7) OTHER BUSINESS

Dr. Hernandez requested the Commission to consider adding to the agenda an emergency item as follows:

> CONSIDERATION OF A RESOLUTION SUPPORTING THE CONTINUED PROVISION OF PUBLIC BENEFITS TO UNDOCUMENTED RESIDENTS UNDER THE PROVISIONS OF SECTION 411(d) OF THE PERSONAL RESPONSIBILITY AND WORK OPPORTUNITY RECONCILIATION ACT OF 1996 (H.R. 3734)

On Tuesday, August 27th, Governor Wilson issued Executive Order W-135-96 which calls for the immediate implementation of the Welfare Reform Act relating to undocumented residents. Under the Governor's Executive Order, health care services, excluding emergency care, would no longer be available. If the Department continues to provide these services, it would be entirely a County expense. The Director of Health needs authorization from the Health Commission to continue providing these services at County expense in light of the Executive Order. Without such authorization, the health of undocumented residents would be compromised.

Action Taken: The Commission (Chow, Barnes, Eades, Guy, Monfredini, Parker) voted to add this item as an emergency item because:

1) there is a need to take this action because the Governor's Executive Order threatens continued services which are necessary for the health of residents of San Francisco; and,

2) the Department staff became aware of the Governor's intent to include prenatal care as one of the excluded services after the Health Commission's September 3rd agenda had been posted.

Action Taken: The Commission (Chow, Barnes, Eades, Guy, Monfredini, Parker) adopted Resolution #19-96 (Supporting the Continued Provision of Public Benefits to Undocumented Residents Under the Provisions of Section 411(d) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996(H.R.3734) (Attachment B)

The meeting was adjourned at 4:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Department of Public Health
Director's Office

SAN FRANCISCO INJURY CENTER
For Research & Prevention

To the people of San Francisco:

San Franciscans have given a high priority to the prevention of injury and violence. This 1996 edition of the Profile of Injury in San Francisco is a tool to accomplish that goal.

Good public health programs start with good data. The Profile complies and analyzes data to indicate which populations, locations and situations are at particularly high risk of injury. These data indicate that drugs, firearms and motor vehicles are the primary products associated with injury death. They indicate that our adolescent and young adult residents, as well as our elderly residents, are at particular risk. They indicate that falls, particularly among our elder residents, are the primary cause of injury-related hospitalizations. In general, injury rates are highest in our most disadvantaged neighborhoods.

This Profile presents an overview of all injury data, then concentrates on the four primary causes of fatal and non-fatal injury: poisonings, motor vehicles crashes, shootings and falls. It presents data on homicide and suicide as well as information on demographic and geographic patterns of injury. Maps of the city indicate the high risk zones for selected injuries. They highlight and help prioritize target areas for special attention and prevention efforts.

The Profile also provides information about institutions, agencies and programs in San Francisco which work to prevent injury. With good data, adequate resources and strategic planning, grassroots support and committed leaders working together, we can intensify our efforts and actually reduce the number of preventable injuries. We welcome the collaboration of residents from the Bay Area, including elected officials, the medical and public health community, police, educators and community organizers.

San Francisco has nationally recognized resources for injury control. It is time that good data, scientific and programmatic expertise, political will and funding come together so that subsequent Profiles portray a safer and healthier San Francisco.

Sandra R. Hernández, M.D.
Director of Health
City & County of San Francisco

Elizabeth McLoughlin

Elizabeth McLoughlin, Sc.D.
Prevention Director
San Francisco Injury Center

Attachment A

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 19-96

SUPPORTING THE CONTINUED PROVISION OF PUBLIC BENEFITS TO UNDOCUMENTED RESIDENTS UNDER THE PROVISIONS OF SECTION 411(d) OF THE PERSONAL RESPONSIBILITY AND WORK OPPORTUNITY RECONCILIATION ACT OF 1996 (H.R. 3734)

WHEREAS, President Clinton has signed into law the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (H.R. 3734) which eliminates the federal entitlement to Aid to Families with Dependent Children and Food Stamps, limits eligibility for Social Security Income for children, and denies most federal public benefits to legal immigrants and undocumented residents; and,

WHEREAS, Governor Wilson has issued Executive Order W-135-96 instructing “all state agencies, departments, boards and commissions” to implement the provisions of H.R. 3734 relating to illegal immigrants “as expeditiously as reasonably practicable,” and,

WHEREAS, implementation of Executive Order W-135-96 would result in undocumented residents being denied certain health care services including prenatal care; and,

WHEREAS, over the last several years, and in his fiscal year 1996-97 budget, the Governor of California has a consistently sought to eliminate Medi-Cal funded prenatal care services for undocumented women; and,

WHEREAS, studies have consistently shown that prenatal care services have been unequivocally shown to be a cost-effective, preventive service and significantly improves a woman’s ability to deliver a healthy baby and minimizes utilization of costly neonatal care; and,

WHEREAS, denying undocumented women access to prenatal care is counter to preventive health care, increases the risk of low-birth weight infants and places the expectant mother and her unborn child at unnecessary risk for complications during pregnancy; and,

WHEREAS, the Health Commission and the San Francisco Board of Supervisors have previously indicated support for undocumented residents access to health care by opposing Proposition 187, the California “Save our State” Initiative (Health Commission Resolutions 35-94 and 47-94 and Board of Supervisor Resolutions 807-94 and 965-94); and,

Attachment B

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 19-96

WHEREAS, elimination of State funding for health care to undocumented residents shifts the cost of providing such services to counties and San Francisco has estimated the financial impact of eliminating State funding for prenatal care to be $2.4 million in increased expenditures; and,

WHEREAS, Section 411(d) of the Personal Responsibility and Work Opportunity Act of 1996 (H.R. 3734) allows a state to continue providing public benefits to undocumented residents through enactment of state law; and,

WHEREAS, under current Welfare and Institutions Code section 14007.5 State law allows emergency care, medically necessary pregnancy-related services and long-term care under certain circumstances to be provided to aliens; and,

WHEREAS, the State of California has the ability to continue providing health care services, including prenatal care, to undocumented residents under the provisions of Section 411(d) of the Act; and now let it be,

RESOLVED, that until further notice, the Health Commission directs the Department of Public Health to continue providing health related services to undocumented residents including vital prenatal care services to undocumented women; and be it,

FURTHER RESOLVED, that the Health Commission urges the Department of Public Health to work in collaboration with community-based agencies and advocates to inform expectant mothers of the value and need of prenatal care and to stress that the Department will continue to provide this service, regardless of a woman's residency or income status; and, be it,

FURTHER RESOLVED, that the Health Commission urges the Mayor and the Board of Supervisors to support the adoption of State policy to continue providing public benefits to undocumented persons.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of September 3, 1996.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to the Health Commission

Attachment B

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas L. Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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17/96

AGENDA

HEALTH COMMISSION MEETING

September 17, 1996

3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF SEPTEMBER 3, 1996

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Sharon Gadberry, Ph. D.)

(3.1) CHS ADMIN - Request for approval to apply for, accept and expend retroactively a grant allocation in the amount of up to $9,079,584 from the State Department of Health Services through its California Healthcare for Indigents Program (CHIP) to provide reimbursement for health services delivered to indigent persons for the period of July 1, 1996 to June 30, 1997.

(3.2) CPHS LEAD PREVENTION - Request for approval to accept and expend retroactively a new allocation in the amount of $101,533 from the State Department of Health Services to provide case management and related services to Medi-Cal eligible children with elevated blood lead levels for the period of July 1, 1996 to June 30, 1997.

(3.3) CPHS-AIDS - Retroactive modification of a contract with Northeast Medical Services in the amount of $79,270 to provide breast and cervical cancer screening, diagnostic and health education services for a total contract amount of $252,270, for the period of October 1, 1995 through September 30, 1996. (DPH contracted with Northeast Medical Services for services totaling $120,00 during FY 94-95

(3.4) ADMINISTRATION - New contract with Toyon Associates, Inc. in the amount of $125,260 to provide reimbursement and revenue optimization services at San Francisco General Hospital, Laguna Honda Hospital and the Home Health Agency for the period of October 1, 1996 through September 30, 1997.

(3.5) SFGH - Retroactive contract renewal with Results Unlimited, Inc. on the amount of $410,000 to provide customer relations services at San Francisco General Hospital for the period of July 1, 1996 through June 30, 1997.

(3.6) SFGH-CHN - Retroactive contract renewal with Barnes Clarke Inc. in the amount of $429,00 to provide strategic marketing services for the period of August 1, 1996 through June 30, 1997.

(3.7) CHS-AIDS - Update on monitoring report for a renewal contract with the National Task force on AIDS Prevention Kommunities of Kolor Against AIDS (KOKUA) Collaboration, in the amount of $1,135,177 for the provision of psycosocial and prevention services.

4) DIRECTOR'S REPORT

(Sandra Hernández, M.D., Director of Public Health)

5) UPDATE ON SSI (SUPPLEMENTAL SECURITY INCOME) RECERTIFICATION PROJECT

6) PRESENTATION ON STATE AND FEDERAL LEGISLATION ON HEALTH ISSUES

7) OTHER BUSINESS/PUBLIC COMMENTS*

***Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of public health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meetings and agendas. Please make these requests in as far in advance as possible. Contact Gloria Louie at Department of Public Health Equal Opportunity Program at (415) 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the City and County exist to conduct people's business. This ordinance assures that deliberations are conducted before the people and the City operations are open to the people's review.

For more information on your rights under the sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas L. Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, September 17, 1996
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:15 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow Commissioner Thomas Lee Eades Commissioner. Sharon Gadberry, Ph.D. Commissioner Roma P. Guy, M.S.W Commissioner Harrison Parker, Sr., D.D.S.
Absent:	Commissioner Lee Ann Monfredini

2) APPROVAL OF MINUTES OF THE MEETING OF SEPTEMBER 3,1996

Action Taken: The Commission unanimously adopted the minutes of September 3, 1996, with the correction that Commissioner Eades was present.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Sharon Gadberry, Ph.D.)

(3.1) CHS ADMIN - Request for approval to apply for, accept and expend retroactively a grant allocation in the amount of up to $9,079,584 from the State Department of Health Services through its California Healthcare for Indigents Program (CHIP) to provide reimbursement for health services delivered to indigent persons for the period of July 1, 1996 to June 30, 1997.

Commissioner Gadberry requested the Department to consider leveraging these funds to link medical services with indigent smokers.

(3.2) CPHS LEAD PREVENTION - Request for approval to accept and expend retroactively a new allocation in the amount of $101,533 from the State Department of Health Services to provide case management and related services to Medi-Cal eligible children with elevated blood lead levels for the period of July 1, 1996 to June 30, 1997.

(3.3) CPHS-AIDS - Retroactive modification of a contract with Northeast Medical Services in the amount of $79,270 to provide breast and cervical cancer screening, diagnostic and health education services for a total contract amount of $252,270, for the period of October 1, 1995 through September 30, 1996. (DPH contracted with Northeast Medical Services for services totaling $120,00 during FY 94-95

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(3.5) SFGH - Retroactive contract renewal with Results Unlimited, Inc. in the amount of $410,000 to provide customer relations services at San Francisco General Hospital for the period of July 1, 1996 through June 30, 1997.

Public Speaker: Kay Nealon, SFGH PICS Committee

(3.6) SFGH-CHN - Retroactive contract renewal with Barnes Clarke Inc. in the amount of $429,000 to provide strategic marketing services for the period of August 1, 1996 through June 30, 1997.

Public Speaker: Alton Wright

Dr. Hernandez recommended renewal of this contract, with the understanding that a formal presentation of strategic marketing services will be made to the full Commission.

(3.7) CHS-AIDS - Update on monitoring report for a renewal contract with the National Task force on AIDS Prevention Kommunities of Kolor Against AIDS (KOKUA) Collaboration, in the amount of $1,135,177 for the provision of psychosocial and prevention services.

Commissioner Gadberry requested the Department bring back to the Budget Committee in 45 days, (November 5, 1996), a plan on addressing the issues in this report and where to go from here.

Action Taken: The Commission (Chow, Barnes, Eades, Gadberry, Guy, Parker) approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT

(Sandra R. Hernandez, M.D.)

MANAGED CARE

FQHC Meeting.

On August 28, I met with DPH representatives, the community clinics and our respective attorneys to discuss a common strategy to address problems with the State's policies on reimbursements for Federally Qualified Health Centers (FQHCs) within managed care plans. After many unsuccessful meetings with the State, the group concluded that our only collective remedy is to seek administrative relief from the Federal Health Care Financing Administration (HCFA) or, failing that, to begin legal action.

In brief, the issue facing us is the State will not guarantee that managed care plans have sufficient funds within their capitation rates to pay all of their FQHCs a cost-based interim rate. As a result, the San Francisco Health Plan (local initiative) may have to take funds from the capitation rates of non-FQHC providers to pay cost-based interim rates to their mandated FQHC providers. Conversely, Blue Cross is not willing to agree to pay our primary care clinics cost-based FQHC interim rates because they claim they do not have sufficient funds within their capitation rate.

This is clearly contrary to the basic principle that FQHCs must receive cost-based reimbursement for eligible enrollees and that financial disincentives should not be created that would restrict managed care plans' willingness to enter into contractual agreements with FQHCs. We will be holding a meeting with our colleagues from elsewhere in the state within the next few weeks and will send a delegation to meet with Bruce Vladek, Director of HCFA, as soon as the meeting can be arranged.

Provider Contract

The Department and CaliforniaCare (Blue Cross) continue to work together to finalize a provider contract for the commercial plan component of Medi-Cal Managed Care.

Both the Department and CaliforniaCare have proposed an FQHC contract arrangement which is currently being reviewed by the State Department of Health Services. Under the proposal:

- CaliforniaCare would compensate the Department's FQHCs at the standard Blue Cross primary care fee-for-service rates (i.e., Medi-Cal fee-for-service plus 5%) for CaliforniaCare Medi-Cal enrollee visits.
- The Department would not waive its right to reasonable cost-based reimbursement from the State.

Under the terms of Medi-Cal managed care contracting, the State must approve any and all FQHC contracting arrangements before the agreement is finalized. We believe the proposal is an equitable solution in light of the fact that CaliforniaCare's capitation rate does not have sufficient funding for FQHCs. It takes into account the financial concerns facing Blue Cross while recognizing the Department's need and right to retain cost-based reimbursement.

I have notified Blue Cross that the Department cannot, as a matter of policy, provide services under the hospital contract with no provider contract in place. We are hopeful that the State will approve the proposed FQHC reimbursement language in the very near future. I will keep the Health Commission apprised of these contract negotiations.

CaliforniaCare Enrollment

As you know, CaliforniaCare began enrolling Medi-Cal beneficiaries in July 1996. During this interim period, CaliforniaCare may obtain enrollees if:

1. a new or recertifying Medi-Cal beneficiary chooses to enroll in the plan; or
2. a Medi-Cal beneficiary is defaulted into its health plan because he/she did not indicate a fee-for-service provider.

As of August 1, 1996, CaliforniaCare had 499 enrollees (6.6%) of all Medi-Cal managed care enrollment. The remaining Medi-Cal managed care beneficiaries are enrolled in Foundation Health, Kaiser and PacifiCare.

Health Care Options Contractor

The State has concluded its appeal of the Health Care Options contract award. Benova (HealthChoice, Inc.) the current HCO contractor was unsuccessful in its appeal.

The State reaffirmed its decision to contract with Maximus, Inc., a company which provides similar HCO-related services in other states. Under the terms of the contract, Maximus will have to operate an office in Sacramento. Benova's contract is due to expire on September 30, 1996, but this date may be extended to allow for a smooth transition of the contract to Maximus.

The Department remains concerned over having the State change HCO contracts as counties prepare for the implementation of the two-plan model. It has been difficult educating beneficiaries, providers and advocates about managed care.

Capitation Rates

Pursuant to Assembly Bill 911, the State has revised the Local Initiative capitation rates. Annually, the capitation rates will be revised to account for Local Initiative payments made to Federally Qualified Health Centers in their networks. The new rates apply for the time period July 1, 1996 to September 30, 1997. The rates are draft pending approval from both the State Department of Finance and the Health Care Financing Administration. The rates are as follows:

Aid Category	FFS Equiv. Rate	Incremental FQHC Adjust.	Total Cap. Rate
Family	$ 78.05	$10.08	$ 88.13
Aged	$141.74	$ 6.09	$147.83
Disabled	$214.58	$14.11	$228.69
Child	$ 49.09	$25.20	$ 74.29
Adult	$497.54	$94.08	$591.62

The original capitation rate for the Local Initiative in the family category (which will constitute 80% or more of enrollees) was $77.75. The revised capitation rate is $10.38 greater. The State separated the rates into two components: one which shows the FFS rate and the other which shows the incremental payment for FQHCs.

The State made several assumptions in developing the revised rates. First, it assumes that the FFS component of the capitation rate includes the fee -for-service reimbursement that would have gone to FQHCs. Specifically, that 44% of the total FQHC payment is reflected in the fee-for-service equivalent. The remaining 56%, which is the additional amount needed to ensure reasonable cost-based reimbursement, is reflected in the incremental rate adjustment. In addition the State assumes that 50% of the enrollees will join the local initiative and that 50% of the enrollees which join the commercial plan. Finally, it assumes that 75% of the projected FQHC visits will occur through providers in the Local Initiative, and that 25% will be within the Commercial Plan.

This last assumption may not apply to San Francisco, since the FQHCs in this County (both the Community Clinic Consortium's and the Department's) will be participating in both the San Francisco Health Plan and CaliforniaCare.

The State has not revised the rates for the commercial plan. AB 911 applies solely to the Local Initiatives, therefore, the commercial plan rates released in March of 1995 still apply. These rates will remain in effect until
September 30, 1997. CaliforniaCare's capitation rate in the family aid category is $77.33.

WELFARE REFORM

Board of Supervisors Resolution

Yesterday, the Board of Supervisors unanimously adopted, without reference to committee, the Health Commission's resolution to continue the provision of public benefits to undocumented residents under the provisions of Section 411(d) of the Personal Responsibility and Work Opportunity Reconciliation Act.

As a result, the Department will continue to provide health related services to undocumented residents including vital prenatal care services to undocumented women. The Department appreciates the proactive stance taken by the Board of Supervisors in adopting this resolution.

HEALTH INITIATIVES ON THE NOVEMBER BALLOT

Proposition 214

Sponsored by a coalition of groups, including SEIU, California Federation of Teachers and Children Now, Proposition 214 proposes additional regulations on HMOs. It establishes requirements for the operation of health-care businesses that include: prohibiting such businesses from denying recommended care without a physical examination, requiring more comprehensive state staffing standards and barring health care businesses from using financial incentives for health-care practitioners if those incentives would withhold or delay medically appropriate care. The measure would also require HMOs and insurers to disclose how much is spent on patient care versus executive salaries and corporate overhead.

Proposition 216

Proposition 216 is sponsored by a coalition of health -care professionals and consumer groups known as "Consumers and Nurses for Patient Protection. Proposition 216 would impose new taxes on some health-care businesses and individuals, with the revenue used to finance various health-care services. Similar to Proposition 214, it would require more comprehensive State staffing standards, prohibit health-care businesses from denying recommended care without a physical examination and bar health-care businesses from using financial incentives to withhold appropriate care. It would also create a new public corporation to advocate for health-care consumers.

The California Medical Association has taken a neutral position on both Proposition 214 and 216. Both the California Chamber of Commerce and the California Taxpayers Association have taken positions in opposition to these initiatives.

Proposition 215

This initiative would allow for the cultivation, sale and use of marijuana for medical purposes. Proposition 215 would exempt patients and "defined caregivers", who possess or cultivate marijuana for medical treatment recommended by a physician, from criminal laws. The measure provides for the use of marijuana when a physician has concluded that the individual's health would benefit in the treatment of cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine or "any other illness for which marijuana provides relief."

Opposition to the initiative includes a variety of law enforcement, criminal justice and drug abuse prevention groups. The Attorney General Dan Lundgren has registered is opposition to the initiative. The San Francisco Board of Supervisors and the San Francisco Medical Society have both taken a position in support of the initiative

ADMINISTRATION

Resignation

As you heard at the August 20, 1996 Commission meeting, Melange Matthews has resigned from the Department to work with a private consulting firm. Her last day is September 20th. The Department has benefited greatly over the last three years from Melange's unfailing enthusiasm and the commitment of time and energy she brought to the job. Melange's knowledge of legislative and health related issues was a valuable asset to the Policy and Planning Division. I am sure you all join me in wishing Melange all the best in her future endeavors.

1996 Public Managerial Excellence Awards

I am once again very pleased to report that two Public Health employees are recipients of the 1996 Public Managerial Excellence Awards. They are Sharon Kotabe, Pharm D., Director of Pharmacy at Laguna Honda and Sai-Ling Chan-Sew, Director, Child, Youth and Family Mental Health Services. They will be honored, along with other winners, at an awards banquet on November 7th.

Dr. Kotabe has made numerous significant contributions to the Pharmacy program at Laguna Honda Hospital. Sai Ling Chan-Sew's vision of culturally competent, community based and consumer oriented services has contributed greatly to the development of the children's system of care which has been recognized by the State of California Department of Mental Health.

I know the Commission joins me and the entire department in extending our congratulations to Sharon Kotabe and Sai-Ling Chan-Sew.

COMMUNITY PUBLIC HEALTH SERVICES

Homeless Program

The City just received $17.6 million in Stewart B. McKinney funds that will support a range of housing, health and employment services for homeless individuals and families. The major emphasis of the grant is on increasing access to health services for extremely low-income women and children. A total of $4 million will go directly to the Department of Public Health to contract for increased outpatient services for pregnant homeless mothers struggling with substance abuse; expanded residential treatment for homeless mothers; and a new community-based medical detox facility. An additional $2.6 million was secured for five year housing subsidies that will provide permanent housing for the women and children exiting residential treatment and those women utilizing outpatient services. I will provide more details in upcoming Director's Reports.

SAN FRANCISCO GENERAL HOSPITAL

Rehabilitation Services

September is officially designated as Rehabilitation Month. The Rehabilitation Department at SFGH celebrated with a series of activities during the week of September 9th. A luncheon for the Rehabilitation Department was held on September 11th to say thanks to staff for a job well done.

Many new programs have been instituted this past year including the opening of the Worker's Comp Rehab Gym, Home Health Rehab Services, and Skilled Nurses Rehab Services.

AIDS Care

Congratulations to Anne Hughes, RN, MSN, Clinical Nurse Specialist, for her contributions as co-editor of the first Core Curriculum for HIV/AIDS Nursing. She is also the current President of the Association of Nurses in AIDS Care from which many of the contributors to the text are members.

California Children's Services Survey

On September 26, 1996, the Neonatal Intensive Care Nursery will undergo a site survey for designation as a community Level III Neonatal Intensive Care Unit. Designation is important not only for continued reimbursement from the State for our severely ill neonates; it also affirms to our community the delivery of quality health care in conformance to the standards set forth by California Children's Services.

Diversion Statistics

Critical Care Diversion for the period September 1 through 11, 1996 was 7 hours and 23 minutes or 2.8%. The Emergency Department diverted for 8 hours and 35 minutes or 3.3%.

Critical Care Diversion at San Francisco General Hospital has exceeded the 15% average for the three consecutive months of June, July, and August this year. In accordance with the EMSA Diversion Policy, an internal review was conducted to determine causes for the increase in critical care diversion.

Critical Care vacancies throughout the summer months were the primary reason for increases in critical care diversion. In June, Critical Care entered the summer season with seven vacant positions and two long term sick leaves. Inability to process requisitions due to RN budgetary reductions within the Department of Public Health and negotiations with Local 790 regarding implementation of training programs delayed the hiring process. Currently, two RNs have completed the training program. Additional experienced Critical Care staff have been hired, and it is anticipated that all vacant Critical Care positions will be filled and staff on board by October 7. Critical Care diversion will be monitored closely during the month of September.

LAGUNA HONDA HOSPITAL

Head Nursing Assignments Implemented

On September 1, 1996, Laguna Honda Hospital instituted its new Head Nurse assignments which increased responsibility from one to two wards for each Head Nurse. The implementation went smoothly and quality of care issues continue to be carefully monitored.

Delegate to the American Hospital Association

The Board of Trustees of the California Healthcare Association appointed Anthony Wagner Delegate to the American Hospital Association Regional Policy Board for a term ending December 31, 1999. Mr. Wagner served as an Alternate to the Board this year. I am sure you join me in congratulating Tony on this appointment.

LHH Nursing Division Hosts Annual Picnic

On September 7th at San Bruno Park, the Nursing Division hosted its Annual Picnic. Over 300 employees and their families joined and had a wonderful time. A special thanks to Virginia Leishman, R.N., Director of Nursing and the entire Nursing Division.

DIVISION OF MENTAL HEALTH

New Program Director for Mental Health Rehabilitation Facility

Mary Louise Fleming, RN, SN, has accepted the Adult Program Director position for the Mental Health Rehabilitation Facility following a nationwide recruitment and interview process. Most recently, Ms. Fleming served as the Associate Director of Psychiatric Nursing at SFGH. She was instrumental in establishing rehabilitation principles for SFGH's acute inpatient units. Mary is an active member of the DMS Adult Program Planning Committee which did the original developmental work for the MHRF.

BUREAU OF EPIDEMIOLOGY, DISEASE CONTROL AND AIDS

Update on the Ambassador Hotel

Since my last report, conditions at the Ambassador Hotel have improved somewhat. Pressures brought to bear on the owner have resulted in efforts to paint and to repair bathrooms, stairs, windows, and tiles. Other more substantial upgrades are being considered and costed out for the owner. The tenants of the hotel have organized themselves into a Rent Strike Committee to pressure the owners of the hotel to make needed repairs. Many residents consider the Ambassador home and are committed to improving the conditions there.

A joint City inspection of the hotel occurred on August 30. The inspection crew included the Director of the Department of Building Inspection with plumbers and electricians, and representatives from the Fire Department and Environmental Health. A joint written report of findings from the inspection will be released shortly.

The hotel has hired a new manager who is very committed to improving the hotel and to being a part of the HIV/AIDS services community serving the residents of the Tenderloin.

As of today, there are ten clients housed at the Ambassador Hotel utilizing AIDS Office rental subsidies via Lutheran Social Services. These clients are currently being offered alternative housing in the Tenderloin if they choose to move.

HIV Prevention Evaluation

I am pleased to report the AIDS Office has received a grant of $125,261 from the Centers for Disease Control and Prevention. This competitive grant was awarded to only one city and one state in the United States. The funds will allow the AIDS Office to develop better data sources for assessing HIV incidence. This allows for evaluation of the success of current HIV prevention programs. The information will be useful to the HIV Prevention Planning Council in prioritizing programs. The scope of work is consistent with the Department's goal of using data to evaluate our programs and to set direction for the future. Special thanks go to Willi McFarland, M.D., Chief of the Seroepidemiology Unit of the AIDS Office, who was the primary author of the grant proposal.

Black Coalition on AIDS

The San Francisco Black Coalition on AIDS has made significant progress in addressing the issues that have previously been of concern to the Health Commission. Past issues of concern have included the size and composition of the Board of Directors; Board oversight and management of the organization; and, a high rate of staff turnover in key management positions.

The Board expanded its membership from six in May to twelve by September 1, 1996. The new Board includes an Assistant District Attorney and a Senior Attorney from the Office of the Public Defender. In addition to persons with AIDS, also included on the new Board are individuals with experience in the development and evaluation of health and prevention services for persons with AIDS; individuals with experience in the media, property management, and residential program development; and, representatives from the Universitywide AIDS Research Program of the University of California and from the Alameda County Department of Public Health. The Board is continuing to aggressively seek new members.

The Board recently held a series of retreats designed to educate itself on proper Board governance functions and to begin a process of strategic development. The Board is finalizing plans to hire a permanent Executive Director. There has been no additional turnover in management positions.

The current interim Executive Director has been working with the AIDS Office and the Redevelopment Agency to strengthen and improve existing services, particularly as they relate to the proposed expansion of residential services. The residential services program at BCA scheduled a volunteer training for new volunteers for October 18, 1996.

Resignation of Staff Member

We are sad to say good-bye to Valerie Dorr, Chief of the Program Development Unit of the AIDS Office. Valerie has worked for the AIDS Office for the past five years developing health service programs for people with HIV/AIDS. Prior to working in the AIDS OFFICE, Valerie was in charge of outpatient services and program development at Laguna Honda Hospital. She is leaving to be with her husband, who has taken a new job in Florida. We wish her the best of luck in future endeavors.

President Chow presented a special certificate to Valerie from the Commission.

FORENSIC SERVICES

Health Care Allegations at County Jail No. 3

On September 14, 1996, the San Francisco Chronicle ran an article about Mr. Samuel Ali, a prisoner at County Jail No. 3. In the article, Mr. Ali made allegations regarding the health care he received during the course of his incarceration.

In response to the article, Dr. Joe Goldenson, Director of Forensic Services, conducted a complete investigation of the allegations made by Mr. Ali. While the details of the investigation cannot be publicly disclosed due to issues related to medical confidentiality, we have concluded that the allegations made by Mr. Ali were without substance.

Dr. Goldenson found that the level of care provided Mr. Ali was consistent with current community standards; and that those health care providers involved in caring for Mr. Ali acted in a thoroughly professional and compassionate manner.

August 1996 statistics are available in the Commission Office.

Dana Van Gorder, Gay/Lesbian Coordinator, presented 8 public service announcements emphasizing support for staying HIV negative.

5) UPDATE ON SSI (SUPPLEMENTAL SECURITY INCOME) RECERTIFICATION PROJECT

Monique Zmuda, Chief Finance Officer, presented an update in two parts.

Part I gave a description and history of the Department's SSI Advocacy Unit and its work in assisting disabled clients in applying for SSI and Medi-Cal coverage. The SSI Project's outcomes are:

	7 / 95 - 2 / 96	3 / 96 - 8 / 96
New clients admitted:	543	302
Award rate for all applications:	18%	39%
Number of awards:	98	120
Total General Assistance recoupment:	$196,442	$308,352
Total MediCal recoupment;	Not available	Not available
Current Caseload (8 / 31 / 96:	--	415

Since last year, the award rate has increased from 5-10% to 30-40%. In the area of outreach, Ms. Zmuda reported that in addition to General Assistance recipients, the SSI Advocacy Unit began working in January with targeted populations in other social service settings. The Project has provided training and assistance to mental health and public health clinics and now receives direct referrals from clinicians at intake sites and from mobile outreach teams. It is also targeting a list of clients who are high users of the mental health system. SSI applications for individuals within these targeted groups are underway, and are expected to yield conversions of County sponsored patients to Federally sponsored patients.

Part 2 provides an update on the status of the SSI Recertification Process for clients whose SSI has been discontinued because of their drug/alcohol addiction as the primary factor of their disability.

As part of SSI outreach to substance abuse clients, staff from the Department of Public Health, the Department of Human Services, and a number of community-based agencies coordinated their efforts to take the following actions:

- The Department of Human Services staff provided funding to the General Assistance Advocacy Project to coordinate the efforts on behalf of the community. DHS staff also notified all clients of the changes, provided referrals and technical assistance to clients in the reapplication process;

- The Homeless Advocacy Project (HAP) in conjunction with the Coalition on Homelessness, developed and hosted training for medical and service providers, and legal advocates on the law and the re-application process. HAP and the Coalition also sponsored two all day legal clinics for clients affected by the change in law. The Coalition developed and sent out notices of the changes in benefits, and coordinated many community groups in the response to the change in law, and became the clearinghouse for providers and clients as needed;

- The S. F. Legal Assistance Foundation and the AIDS Legal Referral Panel provided legal assistance to clients during the application and fair hearing and appeal process;

- The General Assistance Advocacy Project and the Homeless Advocacy Project provided clients with assistance in accessing technical assistance and developing applications;

- Swords to Plowshares provided veterans with assistance and referral in understanding the law change and in the re-application process;

- The San Francisco AIDS Foundation, the AIDS legal Referral Panel, St. Mary's HIV Services, AIDS Benefits Counselors and Jelani House provided clients with technical assistance in the application process;

- The district Social Security Office provided training to providers on the re-application process, provided technical assistance to providers, DPH staff, and to clients, and maintained ongoing dialogue with DPH staff in developing procedures for the reapplication and fair hearing processes;

- The Department of Public Health and Department of Human Services coordinated City and County agency efforts and developed and sent out notices to clients and providers. The SSI Advocacy Unit provided technical assistance to health and mental health providers on the reapplication process, provided referrals and technical assistance to clients, and developed and processed reapplications. Staff from the unit provided medical screenings and testing to certify ongoing disability. The project also served as the liaison with the Social Security Administration for correspondence and inquiries on the process;

- The DPH Substance Abuse Target Cities Program coordinated the Substance Abuse Program activities related to the reapplication process. Target Cities staff notified 900 of its clients who received SSI to inform them about the reapplication process and the technical assistance available to clients. They established an information line to address questions from providers and clients on the new regulations;

- Non profit agencies which contract with Community Substance Abuse Services provided referrals and assistance to clients in developing their applications;

- Maximus, a contractor of the Social Security Administration, which provides SSI related assistance to clients, met with clients, assisted them in the reapplication process, and provided referrals for legal assistance, mental health assessments and physical examinations;

- San Francisco General Hospital SSI Re-evaluation Unit and the Patient Referral Unit scheduled needed assessments and examinations of clients for the reapplication process. Clinical staff at the Hospital performed needed mental health assessments and physical examinations. Social Worker staff assisted clients in completing the applications as needed;

- The DMS Mental Health Revenue Maximization and Eligibility Unit provided training to mental health providers on the reapplication process. Staff from the mental health civil service and contracted programs assisted clients in the reapplication process, and performed mental health assessments as needed to clients;

- The Tom Waddell clinic established an SSI recertification clinic for homeless clients; performed exams and assisted clients in the reapplication process.

Social Security Administration estimates that SSI benefits will be reinstated for approximately 80% of clients based on alternative disabilities. Once the Department has determined the impact of the SSI change and other welfare reform legislation, the Department will bring to the Commission policy recommendations addressing substance abuse treatment needs.

Public Speakers:
Jennifer Friedenbach, Coalition on Homelessness
Raymond Brown, Homeless Advocacy Project
Michael Blecker, Swords to Plowshares
Marykate Connor, COR Services
Michael Bennett, Coalition on Homelessness
Brian Russell, Coalition on Homelessness
Jeremy Graham, Tenderloin Housing Clinic

The speakers all addressed suggestions and ways to make the SSI Project more cost effective and culturally sensitive by incorporating the skills and expertise of the community-based organizations into this program.

The Commission thanked the speakers for bringing their concerns to the Commission. Commissioner Eades encouraged the Department to consider the public comments in any future modification of the program so that there are linkages with the community. Commissioner Guy emphasized looking at the future and paying attention to this collaboration. Commissioner Barnes raised the issue of the administrative structure and accountability of this program.

Dr. Hernandez is committed to discussing with the Department of Human Services and community advocates on how to optimize outcomes, looking at what works and what does not work within the present program configuration, and taking many of the comments presented from the public speakers and possibly re-configuring the program. She supports maintaining the collaboration with the Department of Human Services and community-based agencies.

6) PRESENTATION ON STATE AND FEDERAL LEGISLATION ON HEALTH ISSUES

Melange Matthews, Senior Planner, presented a summary of selected health-related State and Federal legislation which has either been enacted, pending before the Executive branch, or failed to pass out of the Legislature. The summary provided an assessment of the impact of any signed legislation.

The State Assembly and the Senate passed bills on key mental health funding, disproportionate share funding, tuberculosis control, vital statistics, and indigent care legislation.

The two primary Federal health bills were the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (HR 3734) (welfare reform) and the Health Insurance Portability and Accountability Act of 1996 (HR 3103).

A copy of the complete summary is available from the Health Commission Office (554-2666).

On behalf of the Commission, President Chow expressed appreciation to Ms. Matthews and extended best wishes to her as she leaves the Department to work with a private consulting firm.

7) PUBLIC COMMENTS

Public Speaker: Representatives of SAFER
Mike Thomas
Flor Ramirez
Deanna Clark
Nathan Sedlander

The representatives of SAFER requested support for protecting the health and safety of people fishing in the San Francisco Bay.

President Chow referred this request to Dr. Hernandez, who will report back to Commission at the next Commission meeting.

The meeting was adjourned at 5:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Edward A. Chow, M.D.
President

Debra A. Barnes
ice President

Thomas Lee Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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AGENDA

HEALTH COMMISSION MEETING

October 1, 1996
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT: 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF SEPTEMBER 17, 1996

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Sharon Gadberry, Ph.D.)

(3.1) CHS ADMIN - Request for approval to authorize the Department of Public Health to accept and expend 36 recurring grants from the State of California for the 1996-97 fiscal year.

(3.2) CHS AIDS - Request for approval to apply for, accept and expend a new grant in the amount of $126,781 from the Centers for Disease Control to support the evaluation of HIV Prevention Programs Project for the period of November 1, 1996 through October 31, 1997.

(3.3) CPHS-EPI - Sole source request and retroactive contract renewal with Mission Neighborhood Health Center (MNHC), in the amount of $76,353, to provide information and education about immunizations and routine preventive health services to parents in the Mission District and vaccinate at-risk children 0-4 years old residing in the area, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with MNHC for services totaling $691,246 during FY 94-95).

(3.4) CPHS-AIDS - Contract renewal with UCSF, Department of Adolescent Medicine in the amount of $130,0100, to develop, implement and evaluate an innovative non-clinic based approach to increase access to STD services for youth at high risk of infection with sexually transmitted diseases and to perform behavioral intervention with high risk African American youth, for the period of December 31, 1996 through December 30, 1997. (DPH contracted with UCSF for services totaling $59,963,224 during FY 94-95).

(3.5) CHS-AIDS - Retroactive contract renewal with Operation Concern/18th Street Services, in the amount of $82,189, to provide HIV prevention and education services to lesbians, gay men and transgendered individuals for the period of July 1, 1996 through June 30, 1997. (DPH contracted with 18th Street Services for services totaling $612,860 during FY 94-95).

(3.6) CHS-AIDS - Retroactive contract renewal with Haight Ashbury Free Clinics, Inc., in the amount of $855,000, for the provision of HIV prevention and education street outreach services, for the period of January 1, 1996 through December 31, 1996. (DPH contracted with Haight Ashbury Free Clinics for services totaling $8,523,587 during FY 94-95).

(3.7) CHS-AIDS - Retroactive contract renewal with Lavender Youth Recreation & Information Center (LYRIC), in the amount of $103,830, for the provision of HIV/STD Prevention and Education Services, for the period of July 1, 1996 through June 30, 1997.

(3.8) C. O.-AB75 PROJECT - Contract renewal with Managed Care Solutions, Inc., in the amount of $190,000, to provide fiscal intermediary services for the fiscal year 1996-97 CHIP Program, for the period of November 15, 1996 through March 31, 1998.

(3.9) SFGH-Admin - Authorizing the Director of Public Health to execute an agreement with Baycare Medical Group for the Department of Public Health to provide hospital services to managed care enrollees, which agreement includes binding arbitration, indemnification, risk sharing, and limited authority for the Director of Health to execute amendments.

(3.10) SFGH-Admin - Consideration of a resolution for an ordinance regarding creation of trust accounts for resident monies of patients at the SFGH Mental Health Rehabilitation Facility.

(3.11) Presentation of the Department of Public Health year-end Financial Report of FY 1995-96.

This item will be presented to the full Commission.

4) **DIRECTOR'S REPORT**
(Dr. Sandra R. Hernández, Director of Health)

5) **PRESENTATION OF SUBSTANCE ABUSE STIMULANT - USE REPORT**

6) **OTHER BUSINESS / PUBLIC COMMENTS***

7) **5:00 P.M. TIME SPECIFIC:**

SPECIAL JOINT MEETING
OF THE
HEALTH COMMISSION AND FIRE COMMISSION

PROGRESS REPORT AND UPDATE ON THE RECOMMENDATIONS FOR OPTIMIZING THE CONFIGURATION OF SAN FRANCISCO'S EMERGENCY MEDICAL SERVICES; AND CONSIDERATION OF A RESOLUTION TO TRANSFER THE DEPARTMENT OF PUBLIC HEALTH'S PARAMEDIC DIVISION INTO THE FIRE DEPARTMENT.

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6142. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas Lee Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
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Executive Secretary

TEL: (415) 554-2666

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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, October 1, 1996
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:20 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner Thomas Lee Eades Commissioner Sharon Gadberry, Ph.D. Commissioner Roma P. Guy, M.S.W.
Absent:	Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S.

2) APPROVAL OF MINUTES OF THE MEETING OF SEPTEMBER 17, 1996

Action Taken: The Commission unanimously adopted the Minutes of September 17, 1996.

3) CONSENT CALENDAR OF BUDGET COMMITTEE
(Commissioner Sharon Gadberry, Ph.D.)

(3.1) CHS ADMINISTRATION - Request for approval to authorize the Department of Public Health to accept and expend 36 recurring grants from the State of California for the 1996-97 fiscal year.

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> Commissioner Gadberry abstained from discussing or voting on this item to avoid any conflict of interest.

(3.5) CHS-AIDS - Retroactive contract renewal with Operation Concern/18th Street Services, in the amount of $82,189, to provide HIV prevention and education services to lesbians, gay men and transgendered individuals for the period of July 1, 1996 through June 30, 1997. (DPH contracted with 18th Street Services for services totaling $612,860 during FY 1994-95).

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> Commissioner Gadberry encouraged the Department to look for outside expertise to develop outcome measures.
>
> Commissioner Eades abstained from discussing or voting on this item to avoid any conflict of interest.

(3.7) CHS-AIDS - Retroactive contract renewal with Lavender Youth Recreation and Information Center (LYRIC), in the amount of $103,830, for the provision of HIV/STD prevention and education services, for the period of July 1, 1996 through June 30, 1997.

(3.8) C. O.-AB75 PROJECT - Contract renewal with Managed Care Solutions, Inc., in the amount of $190,000, to provide fiscal intermediary services for the fiscal year 1996-97 CHIP Program, for the period of November 15, 1996 through March 31, 1998.

(3.9) SFGH-Administration - Authorizing the Director of Public Health to execute an agreement with Baycare Medical Group for the Department of Public Health to provide hospital services to managed care enrollees, which agreement includes binding arbitration, indemnification, risk sharing, and limited authority for the Director of Health to execute amendments.

(3.10) SFGH-Administration - Consideration of a resolution for an ordinance regarding creation of trust accounts for resident monies of patients at the SFGH Mental Health Rehabilitation Facility.

See Attachment A, Resolution #20-96, entitled: "Amending the San Francisco Administrative Code by Adding the San Francisco General Hospital Mental Health Rehabilitation Facility Trust Fund".

Action Taken: The Commission (Chow, Barnes, Eades, Gadberry, Guy) approved #3.1, 3.2, 3.3, 3.5, 3.7, 3.8, 3.9 and 3.10.

The Commission (Chow, Barnes, Eades, Guy) approved #3.4. Commissioner Gadberry abstained.

The Commission (Chow, Barnes, Gadberry, Guy) approved #3.6. Commissioner Eades abstained.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

MANAGED CARE

San Francisco Health Plan

I am very pleased to report that the San Francisco Health Plan received verbal approval from the State on its Detailed Design Application. **The Plan can begin enrolling Medi-Cal beneficiaries January 1, 1997.** This date triggers the implementation of the Two-Plan Model in San Francisco: that is, mandatory enrollment or default of certain Medi-Cal beneficiaries into either the San Francisco Health Plan or CaliforniaCare. As you know, CaliforniaCare has been enrolling beneficiaries since July 1996. The most recent data we have received from the State indicates they had 499 enrollees as of August 1, 1996.

Under the stipulations of the Medi-Cal managed care waiver, the Health Care Financing Administration will conduct an "on-site" readiness review of the County before full implementation of the Two-Plan Model can begin. The readiness review will focus on beneficiary enrollment, access, quality and financial solvency issues. The Department continues to have grave concerns about the payment methodology between the State, HMO's and FQHC providers.

I would like to congratulate everyone at the San Francisco Health Plan for their hard work, dedication and perseverance in working with the State. In particular, I would like to acknowledge Shahnaz Nikpay, Ph.D., Chief Executive Officer of the San Francisco Health Plan for her leadership over the past several months.

Blue Cross

On October 4, John Monahan, General Manager, Medi-Cal Programs, Blue Cross of California and I, will meet with State representatives to discuss the Community Health Network of San Francisco's participation as a provider in CaliforniaCare.

As I previously reported, the Department and Blue Cross have been working cooperatively to ensure FQHC participation in their network. Our jointly sponsored proposal for interim reimbursement -- Medi-Cal fee-for-service plus 5%, while not waiving our right to cost-based reimbursement -- has not been approved by the State. As the start date of the San Francisco Health Plan rapidly approaches, it is imperative that the Community Health Network be a provider in both health plans. The goal of the meeting is to reach consensus among the State, Blue Cross and the Department on acceptable contract language allowing our FQHCs to participate in CaliforniaCare. I will keep the Commission apprised of the outcome of this meeting.

Federally Qualified Health Centers

In collaboration with the California Primary Care Association, the Department co-sponsored a Statewide conference yesterday on Federally Qualified Health Centers participation in Medi-Cal Managed Care. Representatives from FQHCs, Local Initiatives and Commercial Plans were in attendance. Concern was expressed that the State is undermining the continuation of the cost-based reimbursement for FQHCs. This jeopardizes the preservation of the safety net.

CPCA is particularly concerned about the "risk corridor" provision of AB 911. This 90% - 110% risk corridor, which was designed to provide some financial protection for Local Initiatives, is seen as counter to the Federal legislative intent of FQHC. This risk corridor effectively allows a Local Initiative to under-reimburse FQHCs (between the 90% - 99% range) and requires a Local Initiative to assume financial risk for FQHC reimbursement (between the 101% - 110% range). There is significant concern that this risk corridor creates a disincentive to contract with FQHCs, thereby limiting beneficiary choice.

The meeting focused on the pursuit of potential administrative remedies to this problem, including meeting with HCFA. The Commission will recall that HCFA will be doing a site 'due diligence' as part of the two-plan start-up. We hope to definitely resolve this Statewide issue in the near future.

ADMINISTRATION

Prime Vendor System

The Department of Public Health Prime Vendor resolution and contract was passed unanimously by the full Board of Supervisors yesterday. As I know you recall, Prime Vendor was part of the Department's FY 1996-97 budget as approved by the Board and the Mayor.

The Prime Vendor program will consolidate the warehousing and distribution of supplies to DPH facilities. The Prime Vendor system is designed to result in cost reductions and at the same time increase the level of service to the customer. The Department spent extensive time meeting with the Mayor, Controller's Office, Purchaser, Chief Administrator, City Attorney, Human Rights Commission and the affected Labor Unions. I am pleased to report that all concerned parties supported the final proposal. Special thanks to Dwight Starr, DPH Director of Materials Management and SFGH Director of Pharmaceutical Services for his perseverance in shepherding Prime Vendor through the process.

The California Endowment

The Department of Public Health submitted three grant proposals to the newly formed California Endowment, Community Health Investment Program. The endowment is the grant making component of the Blue Cross "for profit" HMO. The grant proposals were in the following areas:

- Development of a public health data base and reporting system which will provide ongoing information and annual reports of the health status of San Franciscans;
- Development of an integrated program for dual and/or triple diagnosed individuals who use multiple services health services and jail services; and
- Development of a comprehensive long-term care service delivery system designed to keep patients in less restrictive, community-based settings.

The Department is hopeful that California Endowment will view these proposals favorably.

Welfare Reform Implementation

CSAC had sent us a briefing on All County Letters (ACL) that counties are about to receive from the State Department of Social Services regarding Welfare Reform Implementation. Below is a summary of the letter:

- All counties will continue to provide Medi-Cal, IHSS and AFDC services. Counties will be asked immediately to begin keeping track of legal immigrants who apply for and receive these services.
- President Clinton has indefinitely halted Governor Wilson's order to end distribution of food stamps to legal immigrants.

The Department continues to participate in Board of Supervisors hearings and in a work group of other relevant department heads to plan the City's response to these initiatives.

Domestic Violence

October is Domestic Violence Awareness Month. The Department of Public Health is participating in a number of the activities to raise awareness of the complex health issues this epidemic of violence generates, and the impact domestic violence has upon family and the workplace. Today at noon, the Department of Public Health hosted a brown bag lunch organized by the Employee Assistance Program in recognition of "Domestic Violence in the Workplace Education Day". The lunch featured a number of speakers, including Commissioner Gadberry. An overview of available domestic violence counseling resources was presented.

On October 19, Department of Public Health representatives, Sailing Chan-Sew, Division of Mental Health; Mary Ma, Victim Services Coordinator from the Center for Special Problems; and, Health Educator Lei-Chun Fung will participate in the Chinese Community Health Education Council Domestic Violence Conference and Resource Fair. This effort is part of a three-month long, anti domestic violence education campaign utilizing Chinese language materials to address the prevalence of domestic violence in the Chinese community.

In 1994, San Francisco General Hospital was one of twelve hospitals chosen to test and develop screening mechanisms, intervention protocols, staff training programs and patient and clinician resource materials on domestic violence. This effort was part of the Family Violence Prevention Fund's National Health Initiative on domestic violence. The effort resulted in implementation of a comprehensive multidisciplinary approach to domestic violence in the emergency room setting.

The success of the Emergency Department's domestic violence program led to the development of a similar pilot program in San Francisco Clinics including: Maxine Hall Health Center, seven clinics at San Francisco General Hospital, Mission Neighborhood Health Clinic and Lyon Martin Women's Health Services. Multidisciplinary teams from each health center have participated in intensive training's. Multidisciplinary teams from each clinic will work with CPHS Domestic Violence Coordinator Leigh Kimberg, M.D., to implement screening and effective support for patients experiencing domestic violence.

Adult Sexual Assault Services

I wanted to take this opportunity to provide an update on adult sexual assault services since the joint Health/Status of Women Commission meeting on adult sexual assault services, in October of 1995.

The Commission on the Status of Women, with the assistance of the Department of Public Health, selected a community-based provider, San Francisco Women Against Rape (SFWAR), to work with the Department's Rape Treatment Center to provide advocacy and accompaniment services to adult sexual assault survivors.

COSW appointed Rosario Navarette to coordinate adult sexual assault services. Rosario will be staff a citywide Adult Sexual Assault Services body consisting of health, criminal justice, women's organizations and sexual assault survivors and service advocates. I know you join me in extending a special thanks to the team who worked on the sexual assault services plan:

Michelle Arnaudy; Forensic Services;
Lynda Fratteroli, SFGH Emergency Department;
Belma Gonzalez, Director of Women's Needs Center;
Ralle Greenberg, Rape Treatment Center;
Phyllis Harding, San Francisco General Hospital, R-Facility;
Mary Ma, Center for Special Problems;
Monica McLemore, RN, Women's Needs Center;
Kate Monico Klein, Women's Services/DPH;
Lucinda Ramberg, UCSF Rape Services; and,
Rebecca Rolfe, Director, SF Women Against Rape.

MOU with the Public Administrator and Medical Examiner

DPH regularly places patients, usually mental health patients, in facilities outside the County. In the event these patients die without family or prior arrangements for burial, the County is responsible for transporting the deceased back to San Francisco. DPH, the Public Administrator, and the Medical Examiner recently entered into an agreement related to the cost of this transportation.

Under the MOU, the Department funded a FY 1996-97 Work Order with the Public Administrator for $5,000. The Public Administrator will hire a contractor with these funds to transport indigent patients who die outside the County. This arrangement removes the necessity of sending Medical Examiner staff to transport the remains. Under the agreement, the Public Administrator will determine whether the deceased has sufficient funds to reimburse the transportation costs. If no funds are identified, the Work Order fund will be charged for the cost of the transportation contract. The parties have agreed that any unused funds will roll forward into the next fiscal year.

Update on Tobacco Company Litigation

The City and County continues to work on the Federal lawsuit filed against tobacco companies for damages and costs associated with provider health care services to indigent persons who use tobacco. Our Federal suit has been amended to include 11 other counties including Alameda, Contra Costa, Marin, Sacramento, San Bernardino, San Mateo, Santa Barbara, Santa Cruz, Shasta, and Ventura. Last week, the tobacco companies filed a motion in Federal Court to dismiss the case against them. The Federal Court will hold a hearing on January 27 to rule on whether the counties have a legitimate claim, or whether the claim should be dismissed. If the Court rules that the claim is legitimate, then the City will go into the discovery phase, where we will be required to provide extensive information on the costs and impact of smoking on the indigent patients of the Department.

The City also filed an action in State Court, and has been joined by the same eleven counties, by the City of San Jose, and by four non-profit entities, including the Cancer Society, the Heart Association, the California Academy of Pediatrics, and the California Medical Association. In this suit, the City and County seeks injunctive relief from advertising and promotion of tobacco products, disgorgement of profits by tobacco companies, and civil penalties.

I will continue to keep the Commission informed as these two claims proceed through the legal systems.

Visiting China Delegation from the Bureau of Auditing, Ministry of Health

This week, the Department hosted the Chinese Delegation of Auditors from the Ministry of Health. Monique Zmuda, CFO for the Department, gave a presentation on the Department financial organization, auditing practices, and budget and accounting procedures. The 19-member delegation commented that the City's budget practices are very lengthy and extensive, and that the City conducts fewer internal audits than those performed in China. The delegation had already visited Los Angeles County Health Department, and were in route to New York after their visit to San Francisco.

SAN FRANCISCO GENERAL HOSPITAL

Resident Parking Permits Implemented Surrounding SFGH

The Department of Parking and Traffic began enforcement today of Residential Permit Parking (RPP) in the area surrounding SFGH. Hospital staff who are not a part of the SFGH parking system will no longer be able to park on surrounding streets. The RPP zone is a one hour zone.

At present, over 1500 SFGH parking permits have been issued for the Garage and Campus lots. It's projected that a waiting list of 800 applicants will remain at the end of the latest round of permit sales.

The Hospital is working actively to provide information to hospital staff on alternatives to solo commuting. Efforts include car pooling and ridesharing, information on mass transit schedules, information on bicycle commuting, and on the development of nearby parking resources.

Through UCSF, a 100 space lot at 17th Street and Folsom supported by shuttle services to SFGH, and a shuttle to BART, will still be available to SFGH staff.

San Francisco General Nurses Honored

On October 4, the California Transplant Donor Network will present Community Recognition Awards to acknowledge extraordinary individuals who have significantly contributed to the "Gift of Life" Program. Five individuals from San Francisco General Hospital will be honored and recognized for their efforts. Heather Cornwell, RN; Mike Daly, RN; Liz Hewlet, RN; Lawrence Marsco, RN; and Lawrence Nichols, RN, will receive awards at the reception.

Diversion Statistics

Critical Care Diversion for the period September 1 through 22, 1996 was 2.7% or 23 minutes. The Emergency Department diversion was 1.9% or 10 hours and 15 minutes.

DIVISION OF MENTAL HEALTH

South of Market Clinic Relocation Update

DMS staff have been meeting with a number of South of Market groups/organizations following the decision by the Health Commission and the Board of Supervisors to relocate the South of Market Mental Health Clinic. The purpose of the meetings, is to discuss community concerns around the planned relocation of the Clinic. Issues raised thus far have included: the need of additional mental health services (including children/adolescent and geriatric services), safety concerns, and the need for DMS to have outreach and prevention services in the area. The move is expected to occur in the early part of 1997. DMS will continue to meet with the these organizations throughout the entire process and engage in joint problem-solving with residents and others working in the area.

DMS Children's Services

- The Annual All Children's Mental Health Staff Conference was held September 12, at the U.C. Laurel Heights Campus. It was attended by 250 contract providers, civil service staff, representatives from the San Francisco Unified School District, Mental Health Board member, administrative staff, representatives from the State Division of Mental Health, and Supervisor Michael Yaki. The agenda included: presentation on successes in the children's system of care, managed care implementation of system of care in different counties, parent involvement panel, and clinical skill-building workshops.

- The Early Childhood Mental Health Services Project funded by the Miriam and Peter Haas Fund is underway. The project is funded to serve low income children aged two to five and their families through consultation and direct services to families attending public and nonprofit child care centers. The program will provide training for consultants, consultation for child care staff, parent education and support, case consultation and clinical services. Seven consultants have been recruited and are currently receiving training. Applications are being accepted from child care centers requesting for services from the consultation team. Clinicians will be recruited in the fall of 1996 to provide follow up clinical services for identified children and families. During the first year, the project will serve 30 early childhood programs. The project is a collaborative between the Division of Mental Health, the Infant Parent Program and the Jewish Family and Children's Services.

- The EOC/Target City funded Substance Abuse Prevention and Early Intervention programs at Head Start programs is also underway. Three part-time clinicians have been hired to provide substance abuse prevention and early intervention services, and linkage to Target City at the Head Start classes in the following neighborhood: North Beach, OMI, and Mission. These services will be an addition to, and will be coordinated with the existing on-site mental health consultation and early mental health intervention services already provided by DMS.

BUREAU OF EPIDEMIOLOGY, DISEASE CONTROL AND AIDS

Hepatitis A Immunization

The Bureau of Epidemiology, Disease Control and AIDS has applied for and received $60,000 of hepatitis A vaccine through the Vaccines for Children Program. The vaccine will be used for immunizing 600 high risk adolescents in San Francisco. The vaccine provides life long immunity to hepatitis A infection and costs approximately $100.00 per person.

Between 1994 and 1995 San Francisco experienced a doubling in hepatitis A rates in adolescents from 50 cases per 100,000 to 100 cases per 100,000. The vaccine will be distributed shortly at the Youth Guidance Center, Cole Street, Larkin Street, and Haight Ashbury Free Clinic. We hope that, in the long run, immunization of high risk youth will reduce hepatitis A infection rates in the City as a whole.

BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT

Live Animals for Food Sales

The San Francisco Commission of Animal Control and Welfare created a Subcommittee on Live Animals for Food Sales approximately 18 months ago in response to public complaints alleging cruelty in establishments selling live animals for human consumption. Since that time the Subcommittee has been meeting to review complaints and accept testimony regarding the storage, display, and sale of live animals to the public and ultimately for human consumption.

Public Health Issues

The Bureau routinely inspects all permitted retail and wholesale food operations within the boundaries of the City. This frequency will vary from 2-6 inspections annually, depending upon such factors as staffing, violations noted on previous inspections, complaints received, and established inspection frequency for facility types. As part of these inspections staff will identify and initiate corrective action on unsanitary and unsafe conditions that may jeopardize public health and safety, citing applicable sections of the California Uniform Retail Food Facilities Law (CURFFL). Humane treatment of animals is not under the regulatory authority of the Bureau. The focus for live animals is on sanitation issues inherent in live animal stock. However, staff does (in the absence of regulatory authority and existing guidelines) apply common sense to those situations where animals are overcrowded, lacking proper food or water, etc.

Several public members have interpreted CURFFL (and other sections of State law) to prohibit any live animals from being kept within a food facility or establishment. Historically, State Health has interpreted and supported those sections in CURFFL as being applicable only to pet animals brought in by customers or maintained on the premises by operators/managers. The Bureau has requested an opinion from the City Attorney's Office of the relevant sections and the Department will provide that information to the Commission at its October 15 hearing.

Conclusions

The Bureau of Environmental Health is not empowered to enforce the humane treatment of animals kept as food for human consumption. Wherever an improvement in any animal's environment is warranted, the Bureau will continue to seek corrective action through all means available. This includes all inspections that are initiated through complaints or are a part of the routine inspection program.

There is no known epidemiological evidence to indicate that the public health is at risk from the sale of these animals in San Francisco. Existing inspection and enforcement strategies, using current interpretations of State Law, provides the appropriate level of consumer confidence in the wholesomeness of these food products.

Coincidentally, the annual meeting of the California Conference of Directors of Environmental Health (CDEH) is scheduled for next week and this issue will be an agenda for the Food Policy Committee. Since CURFFL occupies the whole field of health and sanitation standards, exclusive of all local standards, this can be a state-wide issue.

The Animal Care and Welfare Commission will take the item up at the October 17, 1996 meeting.

LAGUNA HONDA HOSPITAL

Medical Staff Applications

I have signed, on behalf of the governing body, medical staff applications for the following Laguna Honda medical staff:

> Henry H. Shin, M.D. and E. Rand Sutherland, M.D., who will provide as-needed night and weekend coverage; and
> Eric D. Stamps, M.D., who will provide podiatric services.

(3.11) Presentation of the Department of Public Health year-end Financial Report of FY 1995-96.

This item was presented to the full Commission.

Monique Zmuda, DPH Chief Finance Officer, presented the following report summarizing the revenues and expenditures through the end of FY 1995-96:

Division	Estimated Surplus/(Deficit) Revenues	Expenditures	Total
Community Health	(2,107,531)	2,458,432	350,901
Mental Health, Substance Abuse and Forensics	(1,766,068)	4,686,108	2,920,040
Laguna Honda Hospital	(3,305,120)	2,986,143	(318,977)
San Francisco General Hospital	(5,978,216)	(2,747,266)	(8,725,482)
Departmentwide Total:	**$ (13,156,935)**	**$ 7,383,417**	**$ (5,773,518)**

For a copy of the full report, contact the Commission Office (554-2666).

The Departmentwide plan to address the deficit is the following:

Funding Source	Amount	Comments
Unbudgeted Revenues		
FQHC Retroactive Payments	$ 3,000,000	$2.9 million remains as a reserve.
SB 855	1,500,000	Will apply new revenue to prior year.
Prop. 99 Interest	100,000	Earned in FY 1995-96.
Subtotal:	$ 4,600,000	
Defer MIS Projects		
Various New Projects	1,200,000	MIS Steering Committee to identify projects.
Total:	**$ 5,800,000**	

Dr. Hernández reported that the Department is committed to address this deficit within the Department. Ms. Zmuda will keep the Commission informed on the status of the final deficit figures and measures taken to address it. The 1st Quarter Report for FY 1996-97 will come to the Commission in November, at which time the Department will address the impact of the prior year's deficit on the current budget.

Commissioners' comments:

- Mechanisms need to be in place to minimize and/or avoid this situation from reoccurring.
- Encouragement of communication among the CFO's within the Department.
- Need to consider the creation of a reserve fund set aside for unpredictable shortfalls.

Dr. Hernández pointed out that external factors which are out of the Department's control also need to be considered.

President Chow thanked the Department for the proposed plan.

> Action Taken: The Commission approved the year-end report, with the proposed plan to address the deficit.

5) PRESENTATION OF SUBSTANCE ABUSE STIMULANT - USE REPORT

The time was 4:40 p.m. when this item came up for presentation. Because the Commission had a time specific item at 5:00 p.m., this item was postponed to the October 15, 1996 Commission Agenda.

6) OTHER BUSINESS / PUBLIC COMMENTS

None.

7) 5:00 P.M. TIME SPECIFIC:

SPECIAL JOINT MEETING OF THE HEALTH COMMISSION AND FIRE COMMISSION

PROGRESS REPORT AND UPDATE ON THE RECOMMENDATIONS FOR OPTIMIZING THE CONFIGURATION OF SAN FRANCISCO'S EMERGENCY MEDICAL SERVICES; AND CONSIDERATION OF A RESOLUTION TO TRANSFER THE DEPARTMENT OF PUBLIC HEALTH'S PARAMEDIC DIVISION INTO THE FIRE DEPARTMENT.

The Special Joint Commission Meeting was called to order at 5:05 p.m. by Health Commission President Edward A. Chow, M.D.

Present: Health Commissioners:
  Edward A. Chow, M.D., President
  Debra Barnes, Vice President
  Thomas Lee Eades
  Sharon Gadberry, Ph.D.
  Roma Guy, M.S.W.

Fire Commissioners:
  Hadley Roff, Vice President
  Stephen Nakajo, M.S.W.
  Russel Rocca

Deputy Chief Richard Condon represented Fire Chief Robert Demmons until Chief Demmons arrived.

Dr. Mitch Katz, EMS Agency Medical Director and Convenor of the Steering Committee, presented the update on the EMS Reconfiguration Plan. At a joint meeting on May 7, 1996 the Health and Fire Commissions supported the plan which called for a Fire-based response and transportation system. A seven-member Steering Committee was asked to develop an implementation plan. The implementation plan includes a timetable, an operations plan, an organizational chart, a budgetary analysis, and an integration plan for staff, quality assurance, and communications. (Attachment B, Executive Summary).

Health Commission President Edward A. Chow acknowledged the presence of the Steering Committee members and thanked them for their work.

Fire Commissioner Hadley Roff commented on the thoroughness of the Steering Committee's work. He proposed the following language as the fifth "Resolved" clause of the proposed joint resolution on the transfer of the Department of Public Health Paramedic Division into the Fire Department:

> "RESOLVED, that the Departments work with the City Attorney's Office to ensure that all changes are appropriate in light of the current Consent Decree case, U.S. vs. City and County of San Francisco, No. C84-7089 MHP (May 20, 1988).

Public Speakers:

Lt. Jim Connors, SFFD
Arthur Hsieh, S.F. Paramedic Association
Michael Harris, LCCR
James M. Ahern, S.F. Firefighters, Local 798
Josie Mooney, S.F. Labor Council, Local 790
Peter Bagatellos, S.F. Ambulance Association
Peter Rockwell, Ingleside Terrace Homes Association
Lorrie Beth Slonsky, Paramedic, Chapter Vice President, SEIU 790
Daren Jenner, DPH
Mike Bayless, DPH Paramedic
Kasmir Zaratkiewicz, Local 250
Cari M. Ponchnik, DPH Paramedic
Larry Bradshaw, DPH Paramedic
Gary Falks, SFFD
Pete Howes, Paramedic Division
Colleen Donzelli, Paramedic
Russell Zimmerman, DPH Paramedic
Steve Ager, DPH Paramedic
Andrew Birkhoff, SFFD/Paramedic
Russ McCallion

Commissioners' Comments:

- Another Joint Commission meeting should be held to hear the progress on the unresolved issues.

- The role of the Emergency Medical Services Agency needs to be clarified.

- Requested to relook at the issue of time allotted to Paramedics in making classification decisions.

- Expressed appreciation to the Steering Committee and staff for their hard work in developing the plan.

- The Unions, including Local 790 and Local 250, would be involved in the negotiations.

Dr. Hernández proposed that the Steering Committee come back to a Joint Commission meeting before the end of this calendar year to give a progress report on the unresolved issues. President Chow requested an additional "Resolved" clause on Dr. Hernández's proposal be added to the proposed resolution.

> Action Taken: The Health and Fire Commissions unanimously adopted a Joint Resolution #21-96/#96-05, (Attachment C), ("Transferring the Function of the Paramedic Division from the Department of Public Health into the San Francisco Fire Department"), with the proposed two additional "Resolved" clauses.

The meeting was adjourned at 7:00 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 20-96

AMENDING THE SAN FRANCISCO ADMINISTRATIVE CODE BY ADDING THE SAN FRANCISCO GENERAL HOSPITAL MENTAL HEALTH REHABILITATION FACILITY TRUST FUND

WHEREAS, pursuant to a bond issue approved by the voters of the City and County of San Francisco, the Department of Health has built a Mental Health Rehabilitation Facility; and,

WHEREAS, SFGH has opened a Skilled Nursing Unit for longer term medical-surgical patients; and,

WHEREAS, the Mental Health Rehabilitation Facility will be licensed as a distinct-part skilled nursing facility and will be added to the license issued by the California Department of Health Services to the City and County of San Francisco for the operation of San Francisco General Hospital; and,

WHEREAS, a licensing requirement of the California Department of Health Services for distinct-part skilled nursing facilities is that a trust fund be established in which funds belonging to or received by patients could be deposited; and,

WHEREAS, the City and County, through San Francisco General Hospital, will be responsible for the proper maintenance, reporting, and accountability of funds deposited by patients at the Medical-Surgical Skilled Nursing Facility and the Mental Health Rehabilitation Facility; now, therefore, be it

RESOLVED, that the San Francisco Health Commission supports an amendment to the San Francisco Administrative Code which adds Section 10.117-112 to establish in the Treasury of the City and County a special fund to be known and designated as the San Francisco General Hospital Trust Fund, and urges the Board of Supervisors and the Mayor to approve this amendment.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, October 1, 1996.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

EXECUTIVE SUMMARY

At the Joint meeting of the Health and Fire Commissions on May 7, 1996 , the Commissions heard a report on the San Francisco Emergency Medical Services Configuration plan. The plan, based on a consensus process, called for a Fire-based response and transportation system. The Commissions supported this recommendation and asked that the Fire and Health Departments form a seven member Steering Committee to develop an implementation plan. The plan would include a timetable, an operations plan, an organizational chart, a budgetary analysis, and an integration plan for staff, quality assurance, and communications. The implementation plan is attached.

To develop the implementation plan, the Steering Committee established six subcommittees. They are:

1. Operations
2. Administration and Staffing
3. Training
4. Labor
5. Medical Oversight
6. Budget

The Steering Committee appointed members representing a balance of Fire and Health Department employees from both management and rank and file. When specific subject expertise was required, others were invited to participate. A complete listing of the subcommittee members is included in Appendix D.

To begin the process, two All Subcommittee Meetings were held. Participants learned the operations of the Fire Department, adopted action plans, and identified resource lists and work products. Subcommittees met between twice a week and every two weeks depending on the committee. There were a total of 64 subcommittee meetings for a total of more than 174 hours of planning.

Subcommittee meetings were open only to Steering Committee appointed members. To get broader input for the plan, all members of the EMS community were invited to attend three Town Hall meetings. Unfortunately, the first Town Hall meeting was not well advertised and only 35 persons attended. Since this meeting was held early in the process, not much progress had yet been made by the subcommittees. However, by the second Town Hall meeting, which 81 persons attended, much of the basic material had been worked out. Participants, working in small groups, made recommendations to the Subcommittee and Steering Committee presenters. Many of the recommendations were incorporated into the final document. Prior to the third Town Hall meeting, written materials and a video were widely distributed. By providing the materials ahead of time we were able to focus the third Town Hall on suggestions and comments from participants. In addition to the Town Hall meetings, the EMS agency prepared and distributed seven bulletins about the process, established voice mail information lines, and produced and distributed over 80 copies of a video explaining the proposed implementation plan. To supplement the process, the EMS agency facilitated a meeting with women paramedics and firefighters and a meeting with private ambulance providers in San Francisco. In addition, the Fire Department established a 13-member implementation team to provide input into the subcommittee meeting process via meetings and updates. The Paramedic Division also had a reconfiguration workgroup which included all paramedic subcommittee members and other interested paramedics. The group met weekly. In addition, the Paramedic Division and the Fire Department held two of its own Town Hall meetings to keep staff fully informed about the plan and enable them to provide input into the plan.

The final plan you have before you was reviewed and unanimously adopted by the Steering Committee. The proposed plan would be implemented in Phases 3 through 7.

Phase 3 - Cross Training and Preparation for the Transfer of Function (Oct. 96-June 97)
Phase 4 - Deployment of Increased Number of Ambulances (July 97-May 98)
Phase 5 - ALS Engine Deployment/ Deploy BLS transport when necessary (June 98 -Feb 99)
Phase 6 - One Paramedic/One FF-EMT Ambulance Trial (March 99-Nov. 99)
Phase 7 - Full Deployment (Dec. 99)

Time lines are approximate as initiation of each phase is contingent on completion of the prior phase.

The major policy issues before you in this report are:

1. A transfer of function of paramedic services from the Health Department to the Fire Department.

2. The creation of a SFFD EMS Training Academy; this academy will develop and conduct the cross training programs for paramedics and fire fighters.

3. The creation of a new administrative structure for the delivery of EMS services within the Fire Department. This structure will provide a single integrated chain of command. The plan recommends an additional 13 Fire/Paramedic Captains to increase field supervision as well as fulfill increased training and quality assurance activities. There will also be four Paramedic Captains on duty at any one time for field supervision. This compares to our current staffing of only one field supervisor on duty at any one time.

4. The creation of two new uniform employee classifications:
    a) fire rescue paramedics;
    b) fire fighter paramedics.

    Currently employed paramedics, if they choose, will be given specific training and granted status as fire rescue paramedics if they so choose. Paramedics who do not wish to become fire rescue paramedics will remain in their same class. The fire fighter paramedic will be available for paramedics and firefighters who are fully crosstrained.

5. This plan includes a transition budget (one time request only) which covers all the personnel, operating, and capital expenses of the start-up. This transition budget will be prepared as a supplemental budget request if this plan were to be adopted. Also, included is a budget projection based on this plan for the FY 97-98. These costs are estimated based upon the administrative and staffing positions recommended in this report. Salaries and benefits may change as the respective collective bargaining units meet and confer over the specific wage recommendations. The plan does not call for any layoffs. There may be a need for reassignment of supply clerks if their current classification is not suitable for jobs in the new organization.

6. The major features of the operational design of the new EMS system are:
   a) increases in the available ALS ambulances (Phase 4);
   b) ALS Engine deployment (Phase 5);
   c) Trial of one paramedic/ one EMT ambulance (Phase 6);
   d) Final determination of best EMS deployment (Phase 7) based on experience gained in Phases 4-6.

7. The dispatch functions of the Fire Department and the Paramedic Division will be combined at a common site. This decision will be based on the logistics of moving one of the centers in concert with the parallel planning for the new consolidated 911 dispatch center.

8. The new integrated EMS services will have enhanced medical oversight with 1.5 FTE positions for Medical Directors who will provide prospective, on line, and retrospective quality improvement. Medical oversight of the new system also includes a comprehensive quality improvement program and a research component.

GENERAL CONSIDERATIONS:

Phase 2 Process

At the Town Hall meetings, as well as in informal discussions, some EMS community members expressed concern that Phase 2 was not conducted as an open, consensus process, in the way that Phase 1 was conducted. Although information was widely disseminated, there remained fears that things were being said in the subcommittee meetings that were not being openly shared. The Steering Committee considered having meetings be completely open, but felt that it was not possible to deliver a complicated, operational plan, in a relatively short time line, in a completely open process. The feeling of the Committee was that having had an open process to determine the type of configuration San Francisco should have, the actual implementation details were primarily administrative issues. To incorporate the spirit of Phase 1, front line paramedics and firefighters were involved in the subcommittee work. Many excellent ideas emanated from these front line personnel. Nonetheless, those persons who were not members of a subcommittee felt ignored. Efforts to include them in other forums, such as Town Hall meetings, did not change their views because they felt they were not included in the subcommittee meetings.

Related to this, there is a perception among some EMS community members that their input has not been listened to. It is true that the Steering Committee did not always change the plan in response to suggestions that were made. As is always true with complex decisions, changes which would meet with the approval of some would cause disapproval of others. The Steering Committee took its job of listening to and considering input very seriously. Ultimately, the Steering Committee weighed the plusses and minuses of different options. The plan is designed to improve patient care, with the use of existing resources, without diminishing fire suppression capability. Other options, besides the ones in this plan, were considered and will undoubtedly be raised in the public comment at the Joint Commission meeting, but were not chosen by the Steering Committee because they were not deemed to be in the best interest of the San Francisco community.

Labor Issues

All changes from one classification to another classification will be voluntary on the part of all staff members. For example, 2532s (Health Department paramedics) will have the choice to remain in their current classification or to become fire rescue paramedics. Similarly, fire fighters and fire rescue Paramedics will have the choice of staying in their classifications or applying to become fully crosstrained Fire Fighter Paramedics.

All of the personnel recommendations in this plan will be implemented consistent with Civil Service Commission rules and collective bargaining contracts. Proposed changes which will impact wages, hours, and terms and conditions of employment within the scope of representation will require meet and conferral with the appropriate union organizations.

In our plan it was necessary to estimate the salaries of persons in new classifications in order to provide the Commissions with an estimate of what the cost would be of our new configuration. The Commissions should be aware, however, that these are only estimates. Determination of the actual compensation depends on the Civil Service Regulations and the results of collective bargaining agreements.

We have sought the counsel of the City Attorney on the question of whether the training and duties of the proposed classification of fire rescue paramedic would qualify this position as a uniform classification. It is the opinion of the City Attorney that it would. This determination is important because our plan assumes a 24-hour shift for fire rescue paramedics. This shift was chosen because it is the shift that the rest of the Fire Department works on and thereby facilitates coordinated response. However, if fire rescue paramedics did not qualify as a uniform classification, fair labor standards would prevent their working on this shift.

Although the Steering Committee has attempted to meet informally with representatives of the major unions involved, these meetings have been awkward. Part of the awkwardness is that the Steering Committee has felt uncomfortable negotiating with Union representatives without first having policy approval from the Health and Fire Commissions. We have detailed in the Labor section of the report the issues that are likely to be raised as part of meet and confer. This section has been reviewed by the City Attorney's Office and the City's Human Resources Department. Labor representatives have attended Town Hall meetings, been briefed about the plan, and have had an opportunity to raise their concerns about the plan. We recognize that we have not been able to resolve all of the issues that have been raised by Union leaders. If we receive policy approval to proceed, we will work to do so.

Consent Decree

As both Commissions are aware, hiring within the Fire Department is governed by the consent decree. If this plan for transfer of function is approved by the two Commissions, we will need to obtain court approval as well.

We believe that we have an excellent case for court approval of the plan. Since our plan is a transfer of function, it does not change the overall composition of the City's workforce. In addition, we believe the plan will further the goals of the consent decree. Currently, paramedics are disproportionately white and male. The reason is that the graduates of EMT-P programs have historically been disproportionately white and male. By creating a paramedic academy within the Fire Department we will be able to train existing fire fighters who have an EMT certificate for firefighter paramedic position. Since firefighters with an EMT certificate within the Fire Department are more diverse than paramedics, the effect of the overall plan will be to increase diversity within the ranks of City paramedics.

The absence of a BLS transport tier

Our Phase 1 plan assumed a BLS transport tier (an ambulance staffed with two EMTs, rather than paramedics). We favored a BLS tier because our goal was to tailor our response to the needs of the patient. Since about half of our calls do not require ALS resources, it seemed sensible to have a less trained BLS tier that could respond to these calls. In the early development of the operations plan we realized that a BLS transport tier would not work well for San Francisco, given our current staffing. The reasons we have not recommended a BLS transport tier are:

1) BLS transport tiers can result in under triage errors, calls where ALS services are required but BLS units are dispatched. Although criteria based dispatch, which we are currently implementing, decreases the number of under triage errors due to incorrect BLS dispatch, the possibility still exists that under triage errors may occur.

2) BLS tiers make the most sense in communities where there are few paramedics. For example, Seattle has a very successful EMS system, which has a large, privately contracted, BLS transport tier. However, Seattle has significantly fewer paramedics than we do (they have about 80 paramedics, compared to our current 160, for approximately the same call volume). Since we have a large number of paramedics, there is no compelling reason to send someone at a lower level of skill. We sought to increase, not decrease, the availability of ALS resources.

3) BLS tiers are usually adopted by communities to save money, because paramedics earn significantly more than EMTs. However, in our proposed consolidated system, currently employed EMTs do not earn significantly less because they are firefighters and thus are compensated for their other skills as well. Thus the pay differential between a paramedic and an EMT firefighter is small.

4) If BLS units are staffed by current EMT firefighters (and they are not replaced) it could harm fire suppression and violate the city's MOU agreement concerning staffing requirements for fire engines and trucks. While some would recommend replacing those firefighters with fully crosstrained paramedics, it is unclear who would staff the ambulances while the paramedics were in fire college.

5) If BLS units replace ALS units, we run the risk that ALS resources in a particular part of the city could be rapidly depleted. In other words, with a BLS tier you would have the same number of ambulances, but fewer of them would be ALS trained.

6) If the system is overwhelmed, we will have the ability, as we do now, to call on the three private ALS providers. The role of the private providers is governed by the Integrated Response Plan and their involvement in our city is protected by the Bronzon Act.

Some small elements of the BLS tier will be implemented. Certain easily identifiable calls, such as putting patients who have fallen out of bed back into bed, will be dispatched with a BLS engine response only. To help at times that ALS units are depleted because of heavy call volume, we do intend to deploy BLS transport units from some fire stations. This will begin in Phase 5.

Role of SFGH

Many concerns were expressed, during Phase 1, about the vital role played by San Francisco General Hospital in the City's emergency medical service delivery network. Physicians, registered nurses, and other health care professionals from many specialties either directly participated in Phase 1 workgroups or acted behind the scenes as evaluators and commentators on the products of the workgroups.

During Phase 2, SFGH participants included leaders from Risk Management, Quality Management, Finance/Accounting, Emergency Services, Base Hospital, Education & Training, and UCSF Dean's Office/Physician's Risk Management. Participants included physicians, nurses, an attorney and other health professionals. Regular briefings on the progress of the re-configuration workgroups were provided to administrative staff and physician leaders.

The role of SFGH in the new EMS Division of the Fire Department will be to provide expert consultation, support, and direction in the areas of quality and risk management, acute care, clinical education, and medical staff privileges for the Medical Directors of the SFFD EMS Division. In addition, SFGH will continue to provide all revenue collection activities and management of medical records, as well as procurement and evaluation of medical supplies, equipment, and pharmaceuticals.

Finally, it should be noted that the transfer of function will not negatively impact SFGH. SFGH will remain the sole trauma center for San Francisco, and the destination policies for bringing patients to receiving hospitals are determined by the EMS agency, not the paramedic provider.

Budget Implications

Our projections show that for the FY 97-98 the budget is essentially cost neutral. Any increases which may occur due to labor negotiations or other factors may be offset by first responder revenues. Although the Fire Department could bill for first responder services even if the transfer of function does not occur, the billing for first responder services is best done in concert with ambulance billing because we are already billing these calls for paramedic services. Regulations allow for non-duplicative billing the same call for both first responder services and for ambulance services.

The start-up (one-time only) budget for the transfer of function is approximately $1,900,000. This budget is primarily for additional vehicles (ambulances and field supervision). Detail is presented within the package. We are still in the process of reviewing our MIS and communications needs. The actual costs may also be affected by decisions concerning the location of an interim combined dispatch center for fire and paramedic division, and decisions about a back-up 911 center.

With the support of the Commissions, we would submit the budget to the Mayor and the Board as a supplemental request.

CONCLUSION

This phase of the planning process has been difficult. Nonetheless, the Steering Committee is confident that we are presenting to you the best EMS plan for San Francisco. We believe it will provide a faster, better, high quality response to San Francisco's residents and visitors. We envision a dynamic system which will change over time-based on the strong evaluation component that we have built into the system. If the overall plan meets with the Commission's approval, the Steering Committee would be pleased to continue to function as the transition team and would be happy to provide regular updates on the progress of the plan.

STEERING COMMITTEE MEMBERS

Co-Chairs: Richard Condon, Deputy Chief for Operations, SF Fire Department
Chris Wachsmuth, SFGH
Members: Ehrhardt Groothoof, Chief, DPH Paramedic Division
Michael Groshong, Battalion Chief, SF Fire Department
Anne Kronenberg, DPH Administration
Mike Martin, Office of the Mayor
Margine Sako, Office of the Mayor
Richard Shortall, Captain, SF Fire Department

Convenor: Mitchell Katz, MD, Medical Director, DPH EMS Agency

EMS Staff to Steering Committee:
Abbie Yant, Administrator, DPH EMS Agency

Health Commission Resolution No. 21-96
Fire Commission Resolution No. 96-05

TRANSFERRING THE FUNCTION OF THE PARAMEDIC DIVISION FROM THE DEPARTMENT OF PUBLIC HEALTH INTO THE SAN FRANCISCO FIRE DEPARTMENT

WHEREAS, the Health and Fire Commissions have approved an Emergency Medical Services Reconfiguration Plan, (Phase I); and,

WHEREAS, the Health and Fire Commissions directed the Health and Fire Department to develop an implementation plan for a fire-based emergency response and transportation system; and,

WHEREAS, this plan offers the residents and visitors of San Francisco a faster and more coordinated response to emergency medical calls, multi-casualty incidents, and disasters; and,

WHEREAS, this plan increases field supervision, medical oversight, training opportunities and quality improvement activities for emergency medical services; now, therefore, be it

RESOLVED, that the Health and Fire Commissions support the recommendations of the Phase II Implementation Plan for a fire-based emergency response and transportation system; and, be it

RESOLVED, that the Health and Fire Commissions support a transfer of paramedic function from the Health Department to the Fire Department; and, be it

FURTHER RESOLVED, that the Health and Fire Commissions support a paramedic training academy for the cross-training of firefighters as paramedics; and, be it

FURTHER RESOLVED, that the Health and Fire Commissions support the proposed administrative structure for the delivery of emergency medical services, the creation of two new employee classifications, Fire Rescue Paramedic and Firefighter Paramedic; and, be it

FURTHER RESOLVED, that the Departments work with the City Attorney's Office to ensure that all changes are appropriate in light of the current Consent Decree case, U.S. vs. City and County of San Francisco, No. C84-7089 MHP (May 20, 1988); and, be it

Cont'd.

Health Commission Resolution No. 21-96
Fire Commission Resolution No. 96-05

FURTHER RESOLVED, that the Departments work with the City Attorney's Office and the Employee Relations Division of Human Resources to ensure that all changes be implemented consistent with Civil Service Commission rules and collective bargaining contracts and that any changes which impact wages, hours, or terms of employment within the scope of representation are handled appropriately through meet and confer procedures with the Unions involved; and, be it

FURTHER RESOLVED, that the Steering Committee continue to function as a transition team and bring regular program reports to the Health and Fire Commission; and, finally, be it

FURTHER RESOLVED, that the Health and Fire Commissions direct the Steering Committee to provide a status report and update on the unresolved issues at a Joint Commission meeting before the end of 1996.

I hereby certify that the foregoing resolution was unanimously adopted by the Health Commission and the Fire Commission at a Joint Commission Meeting on Tuesday, October 1, 1996.

Sandy Ouye Mori
Sandy Ouye Mori
Executive Secretary to
the Health Commission

Raymond G. Connors
Raymond G. Connors
Secretary,
Fire Commission

Attachment C
Page 2 of 2

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas Lee Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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AGENDA

HEALTH COMMISSION MEETING

October 15, 1996
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF OCTOBER 1, 1996

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Resolution to approve a Proposition J contract for the provision of contracting out the laundry processing services at San Francisco General Hospital (SFGH) for the period of July 1, 1996 through June 30, 1997.

(3.2) LHH-Primary Care - Sole Source request and new contract with UCSF School of Nursing in the amount of $74,000, to provide primary care services by a gerontological nurse practitioner (GNP) on a 0.5 full time equivalent basis to a group of residents of Laguna Honda Hospital (LHH), and a 0.4 full time equivalent advanced practice nurse or clinical nurse specialist (CNS) to a group of participants in the Adult Day Health Center, for the period of October 15, 1996 through October 15, 1997. (DPH contracted with UCSF for services totaling $59,963,224 during FY 1994-95).

(3.3) DMS-CMHS - Request for retroactive Sole Source and contract approval with PSP Information Group, in the amount of $232,913 to provide support for maintenance, training and state mandated updating of Mental Health and Substance Abuse management information and billing systems for the period July 1, 1996 through June 30, 2000.

(3.4) CMHS Administration - Request for approval to apply for, accept, and expend a new grant in the amount of $98,250 from the California Endowment's Community Health Investment Program to design integrated programs/pilots for high users of public health and jail services for the period of January 1, 1997, to December 31, 1997.

(3.5) CHS Administration - Request for approval to apply for, accept, and expend a new grant in the amount of $168,000 from the California Endowment's Community Health Investment Program to design a comprehensive long-term care service delivery system for the period of January 1, 1997, to December, 31, 1997.

(3.6) CHS Administration - Request for approval to apply for, accept, and expend a new grant in the amount of $296,704 from the California Endowment's Community Health Investment Program to develop a public health data base and reporting system for the period of December 1, 1996, to November 1, 1998.

(3.7) Central Office - Planning - Request for contract approval for physician services between Blue Cross of California and University of California San Francisco Clinical Practice Group at San Francisco General Hospital and Community Public Health Services for Medi-Cal managed care services for the period of November 1, 1996 to December 31, 1997

4) **DIRECTOR'S REPORT**
(Dr. Sandra R. Hernández, Director of Health)

5) **PRESENTATION OF SUBSTANCE ABUSE STIMULANT-USE REPORT**

6) **UPDATE ON THE DEPARTMENT OF PUBLIC HEALTH'S REORGANIZATION PROCESS**

7) **PRESENTATION OF RESEARCH WITHIN THE DEPARTMENT OF PUBLIC HEALTH**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

NOTE: SEE NEXT PAGE FOR ITEM 9) EXECUTIVE SESSION.

9) **EXECUTIVE SESSION:** **PURSUANT TO GOVERNMENT CODE SECTION #54956.9, CONFERENCE WITH LEGAL COUNSEL:**

(1) **PENDING LITIGATION BASED ON SUBDIVISION (a) OF GOVERNMENT CODE SECTION 54956.9, ARISING OUT OF USA VS. CITY AND COUNTY OF SAN FRANCISCO ET AL. (UNITED STATES DISTRICT BOARD, N.D., CAL. NO. C84-7089 MHP).**

(2) **ANTICIPATED LITIGATION**

_2_ AS DEFENDANT **____ AS PLAINTIFF**

BASED ON SIGNIFICANT EXPOSURE TO LITIGATION PURSUANT TO SUBDIVISION (b) OF GOVERNMENT CODE SECTION 54956.9, ARISING OUT OF THE PROPOSED EMERGENCY MEDICAL SERVICES RECONFIGURATION PLAN WHICH CALLS FOR A FIRE-BASED EMERGENCY RESPONSE AND TRANSPORTATION SYSTEM.

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6142. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas Lee Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, October 15, 1996
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:05 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner Sharon Gadberry, Ph.D. Commissioner Roma P. Guy, M.S.W. Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S.
Absent:	Commissioner Thomas Lee Eades

2) APPROVAL OF MINUTES OF THE MEETING OF OCTOBER 1, 1996

Action Taken: The Commission unanimously adopted the Minutes of October 1, 1996, with an addition to the Minutes under "Commissioners' Comments" on page 13 as follows: "Important to include the private ambulance resources into the Emergency Medical Services reconfiguration process."

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Resolution to approve a Proposition J contract for the provision of contracting out the laundry processing services at San Francisco General Hospital (SFGH) for the period of July 1, 1996 through June 30, 1997.

This item was postponed to a future meeting.

(3.2) LHH-Primary Care - Sole Source request and new contract with UCSF School of Nursing in the amount of $74,000, to provide primary care services by a gerontological nurse practitioner (GNP) on a 0.5 full time equivalent basis to a group of residents of Laguna Honda Hospital (LHH), and a 0.4 full time equivalent advanced practice nurse or clinical nurse specialist (CNS) to a group of participants in the Adult Day Health Center, for the period of October 15, 1996 through October 15, 1997. (DPH contracted with UCSF for services totaling $59,963,224 during FY 1994-95).

> Commissioner Gadberry abstained from discussing or voting on this issue due to conflict of interest.

(3.3) DMS-CMHS - Request for retroactive Sole Source and contract approval with PSP Information Group, in the amount of $232,913 to provide support for maintenance, training and state mandated updating of Mental Health and Substance Abuse management information and billing systems for the period July 1, 1996 through June 30, 2000.

> Commissioner Monfredini encouraged the contractor to improve its affirmative action of its Board of Directors.

(3.4) CMHS Administration - Request for approval to apply for, accept, and expend a new grant in the amount of $98,250 from the California Endowment's Community Health Investment Program to design integrated programs/pilots for high users of public health and jail services for the period of January 1, 1997, to December 31, 1997.

> Commissioner Gadberry commented that the MIS Consultant's salary was on the high side.

(3.5) CHS Administration - Request for approval to apply for, accept, and expend a new grant in the amount of $168,000 from the California Endowment's Community Health Investment Program to design a comprehensive long-term care service delivery system for the period of January 1, 1997, to December, 31, 1997.

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(3.7) Central Office - Planning - Request for contract approval for physician services between Blue Cross of California and University of California San Francisco Clinical Practice Group at San Francisco General Hospital and Community Public Health Services for Medi-Cal managed care services for the period of November 1, 1996 to December 31, 1997.

> Commissioner Gadberry abstained from discussing or voting on this issue due to conflict of interest.

> Action Taken: The Commission (Chow, Barnes, Gadberry, Guy, Monfredini, Parker) approved #3.3, 3.4, 3.5 and 3.6.

> Action Taken: The Commission (Chow, Barnes, Guy, Monfredini, Parker) approved #3.2 and 3.7. Commissioner Gadberry abstained.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

ADMINISTRATION

University of California Commission on Future of Medical Education

I have been asked to serve as a member of the University of California Commission on the Future of Medical Education. The Commission will examine a wide range of issues related to education and training of the medical work force and the delivery of health care. The primary focus will be on medical and graduate medical education and training. We will develop recommendations to guide the University in transforming those programs to ensure that the State's physician work force needs of the next century are met.

FEDERAL AND STATE

Immigration Law

Last month, the President signed the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (HR 2202). While the signed law is less severe than its original draft, it still contains several provisions which are harmful to immigrant communities. Major provisions of the law are as follows:

- Border Patrols: Doubles the number of border patrol agents to 10,000 by the year 2001.
- Undocumented Residents ("Illegal Aliens"): Tightens the penalties for undocumented residents found in the United States. Bars undocumented residents from qualifying for Social Security benefits or public housing. States have the right to deny undocumented residents driver's licenses.
- Sponsorship: A family sponsored immigrant will be required to have a sponsor sign an affidavit of support that his legally enforceable. The sponsor must also earn an income that is at least 125% of the poverty level (or about 12,940 for a single sponsor).
- Welfare: Allows welfare workers to verify an immigrant's legal status before providing them with welfare benefits.
- Asylum: Immigrants who seek asylum will have to establish a "credible fear of persecution." If this is not established, the immigrant may be subject to deportation after a hearing before an immigration judge. Additional appeals are not granted.
- Employers: Establishes a pilot project for employers to verify an applicant's work eligibility (and residency status).
- Education: States and higher education institutions will give the INS copies of documents that applicants use to establish eligibility for Social Security and higher education assistance benefits.

HR 2202 does clarify a number of issues that were not addressed in the Welfare Reform Act, namely that:

- Non-profit and charitable organizations will not be required to verify immigration status of their clients.

- Immigrants who are currently receiving food stamps will not be terminated from aid until at least April 1, 1997 (most recipients will be terminated by August 22, 1997, at the latest).

- Immigrants can be exempted from the income deeming requirement for up to 12 months if the immigrant's sponsor refuses to assist and if not receiving the assistance results in hunger and homelessness, and

- Survivors of domestic violence will be exempted from the deeming provisions if they have been battered.

Eliminated from the Bill were the following provisions: (1) restricted HIV treatment for immigrants, (2) restriction on use of emergency Medicaid, (3) punitive public charge provisions for immigrants who use means-tested programs, and (4) restriction on public education for children of immigrants.

Temporary Assistance for Needy Families (TANF) State Plan
On October 9, 1996, the State submitted its initial plan to the Federal government to receive additional Federal funding under the TANF Block Grant. Submission of the plan will also result in the implementation of the 4.9% regional grant reductions approved for the 1995-96 State budget. As a result of this submission, the State anticipates that it will save approximately $196 million this fiscal year. From these savings, the State will invest $60 million into the Greater Avenues for Independence (GAIN) program for TANF recipients.

This is not the State's required redesign plan -- this initial plan contains no new policy decisions or changes to existing program requirements. The State will continue to operate its welfare programs under existing State law. This initial plan is aimed solely at drawing down the additional Federal funds.

As required by the welfare reform law, the State must hold a 45-day public review process of this plan. It is our understanding that the Health and Welfare Agency will hold a series of forums throughout the State to receive input on this plan. The State anticipates releasing the dates and times of these forums in the next two weeks.

COMMUNITY PUBLIC HEALTH SERVICES

Special Programs for Youth

Articles appeared during the past week in both the San Francisco Examiner and the San Francisco Chronicle describing recommendations in a report just released by the Juvenile Justice Commission regarding suicide prevention procedures at Juvenile Hall. Some of those recommendations were directed toward our Special Programs for Youth (SPY), which provides mental health services in Juvenile Hall.

The Juvenile Justice Commission report was based on an investigation of the events surrounding the suicide death of Aldo Mallorga, a youth who had been detained in Juvenile Hall and who committed suicide while staying in a group home 11 months after his release. The youth had made an alleged suicide gesture while he was in detention, which triggered the inquiry into his care at Juvenile Hall and its possible association with his eventual suicide.

I want to let the Health Commission know that the Department takes the suicide of the youth and the Juvenile Justice Commission report very seriously. I have asked staff to prepare a detailed response to the Juvenile Justice Commission's recommendations, but I also thought it was important to give you some idea of what measures we have taken to improve our suicide prevention services since this incident occurred in December 1995.

We cannot know if we could have prevented the suicide of Aldo Mallorga, but it became apparent that we had to improve our discharge planning for youth who demonstrate a risk of future physical or mental harm while they are under our care at Juvenile Hall. Toward that end, we revised the MOU between SPY and Juvenile Hall to incorporate an agreement that, when a youth is judged to have potential for future physical or mental harm based on clinical assessments performed at Juvenile Hall, staff from Juvenile Hall and SPY will jointly develop a discharge plan that simultaneously addresses custody and health care issues. We convened weekly meetings in which staff from Juvenile Hall, SPY and our Children's Mental Health Services develop continuity of care plans for youth who have been identified as requiring mental health services after release from custody. We recently conducted retraining for all SPY and Juvenile Hall staff on the Suicide Prevention Plan and we designated a Suicide Prevention Coordinator, which are required under our Policies and Procedures.

Recognition of Pauline Birtswistle

Pauline Birtwistle, a Public Health Nurse from Maxine Hall Health Center, was honored October 9 for her work with disabled children and families by the organization, Support for Families of Children with Disabilities. I am sure you join me in congratulating Ms. Birtwistle for her fine work over the past 10 years.

SAN FRANCISCO GENERAL HOSPITAL

Hospital Emergency Incident Command System (HEICS)

On November 12 and 13, SFGH management and executive staff will participate in a 2-day interactive program to provide training on the Hospital Emergency Incident Command System, known as HEICS. This system uses many of the same principals of incident command originally developed for use with fire services throughout the United States but adapts it to acute care hospitals. The training will include lectures, sessions and large scale table top drills allowing managers hands-on experience with their new disaster roles. Paul Russell, R.N., Disaster Specialist with Orange County EMS, nationally known author of HEICS, will be presenting the HEICS curriculum. A 5-person HEICS implementation team led by Chris Wachsmuth is conducting a get ready for HEICS blitz that includes briefings at Management Forum, special disaster preparedness hand-outs, bulletin board presentations and lunch time information tables. Publication of the new HEICS based SFGH Emergency Response Plan is planned for January 1997.

Diversion Statistics

Critical Care diversion for the period October 1 through October 13, 1996 was 11% or 33 hours and 20 minutes. The Emergency Department diversion was 7.4% or 22 hours and 26 minutes.

LAGUNA HOSPITAL

Highest Census in LHH Recent History

On October 11, 1996, LHH reached a record high daily patient census of 1,195. LHH's budgeted daily census is 1,175.

Memorial Service for Bill Hester

Laguna Honda will host a memorial service to celebrate the life of Bill Hester on Wednesday, October 16, from 4 to 6 p.m. in Simon Auditorium. Bill, who recently passed away, was the Local 250 Union Business Representative assigned to Laguna Honda for the past several years. Bill was an extremely committed and compassionate man who was dedicated to the best interests of hospital staff and of providing quality patient care. All are welcome to attend this memorial service for Bill Hester.

DIVISION OF MENTAL HEALTH SERVICES

Mental Rehabilitation Facility

During the last month, the MHRF Management Team interviewed 250 applicants for direct care positions. A 3-week orientation program began October 7 for 113 new MHRF employees. This achievement is the result of extensive and innovative collaboration between the MHRF, SFGH, DMS and Human Resource Departments.

Joint planning involving staff from DMS, MHRF, Office of Conservatorship Services and IMDs is underway to develop a client transfer plan including identification of potential clients, possible dates for transfer and a process of notification and preparation of clients and their families for the transfer.

The opening date is still projected for November 4. It is expected that by the end of December, 95 clients will be receiving services at the new facility and that an additional 55 will be admitted by the end of February.

Voter Registration

The National Voter Registration Act of 1993 required all State-funded programs primarily engaged in providing services to persons with disabilities to provide voter registration forms to clients. The Division of Mental Health has begun asking all clients if they wish to register to vote, and providing voter registration forms and assistance. This activity has been undertaken with consultation from the San Francisco Department of Elections and the State Department of Mental Health.

BUREAU OF EPIDEMIOLOGY, DISEASE CONTROL AND AIDS

New Tuberculosis Controller Hired

We are very pleased to announce that Masae Kawamura, M.D. has been selected as our new Tuberculosis Controller. Dr. Kawamura worked as a physician in our Tuberculosis Clinic for the past four years. Having worked in a tuberculosis (TB) hospital in Africa, she also has extensive international experience caring for persons with TB.

The Department offers its thanks to Steve Goodman, M.D., a physician at the TB Control Program and at Potrero Hill Health Center, who served as Acting Director of the TB Control Program during July and August.

Dr. Schecter, who had been our TB Controller for ten years until she left at the end of June, has returned on a part-time basis to mentor Dr. Kawamura and assure a smooth transition to the position and unit.

Native American Health Center

I had informed the Commission in June about leadership changes at the Native American Health Center/Urban Indian Health Board. The Executive Director, Martin Waukazoo, who guided the agency for over 11 years, was dismissed after raising issues concerning the appropriateness of certain expenditures by members of the Board of Directors. I am happy to report that Mr. Waukazoo has been reinstated as Executive Director and the prior Board of Directors has resigned. An audit performed by the San Francisco Community Clinic Consortium indicates that no public money was misused. The staff of the Native American Health Center should be commended for performing client services in a professional and dedicated manner during this difficult time.

Omnibus Consolidate Appropriations Bill of 1997

The 104th Congress ended its session passing the Omnibus Consolidated Appropriations Bill for Federal fiscal year 1997 which increases HIV/AIDS funding by $390.8 million. These increases fall into the following categorical programs:

Program	FY 1997 Funding (in millions)	Amount Increase (in millions)
CDC/HIV Prevention	617.0	32.9
HRSA/Ryan White CARE Act	996.3	239.0
Title I	449.9	58.2
Title II/General	250.0	41.2
Title II/ADAP Drugs	167.0	115.0
Title IIIb	69.6	12.7
Title IV	36.0	7.0
Title V/AETCs	16.3	4.3
Title V/Dental	7.5	0.6
NIH/Research	1,501.7	93.9
HUD/HOPWA	196.0	25.0
Total:	**3,311.0**	**390.8**

Each of these programs fund Department of Public Health (DPH) and/or community-based HIV/AIDS activities in San Francisco. The increase in CDC/HIV Prevention of $32.9 million will likely increase our award from the CDC. The amount of increase will depend on the success of our applications.

The increases in CARE Title I and Title II/ADAP Drugs are of particular significance for San Francisco. As you know, the San Francisco Title I EMA suffered a $6.5 million decrease in Federal FY 1996. Depending on the success of our applications, this increase in total funding could close this shortfall by as much as $4-5 million.

The increase to the HUD/HOPWA (housing) Program is especially welcomed because it has not received an increase in funding for two years. The additional $25 million will assist new HOPWA eligible cities to begin housing programs and may allow existing HOPWA cities such as San Francisco to expand their housing programs.

The Omnibus Consolidated Appropriations Bill of 1997 included two important non-fiscal provisions. First, the Bill empowers the directors of NIH and the Office of AIDS Research (OAR) to expend the HIV/AIDS research budget in accordance with the NIH AIDS Research Strategic Plan. This ensures that the HIV/AIDS research budget will be used for research areas designated as important by the nation's leading scientists. Second, the Bill ensures that legal immigrants and undocumented persons will have access to federally-funded HIV testing and counseling programs, and care and treatment programs for those testing HIV positive. All provisions which would have banned such access were removed from the final version of the Bill.

BUREAU OF ENVIRONMENTAL HEALTH

Bay Water Quality

A study was released by the San Francisco Regional Water Quality Control Board in December 1995 identifying the presence of chemical contaminants in sport fish in San Francisco Bay. Over a hundred contaminants were identified including: PCB, mercury, arsenic, dieldrein and DDT. After the study was released, the California Environmental Protection Agency advised the State Department of Health Services to initiate a health advisory to the consuming public.

The San Francisco Bay Advocates For Environmental Rights (SAFER) spoke at the Health Commission meeting October 1st voicing their concerns. Although local health agencies are not mandated to post advisories, DPH working with SAFER has initiated a permanent notification system for the Bay.

DPH held several meetings and conversations with the Public Information Officer from the Port, who agreed to the posting and location of advisory signs. DPH got the text for signs translated into six languages through our contract translation service. The 11x17 signs were delivered to the Department last week in anticipation of having them posted by Friday.

In summary, the signs are here and ready to be posted around the Bay. Seven signs were posted today at City operated sites; three at the Marina Green and four at Candlestick Park.

We will be working with the Port to allow us to post them on Port property. Meetings are scheduled with Federal and State agencies this week to ensure posting of signs on these respective properties. It is assumed the Federal and State agencies will allow us to post the advisory signs.

September 1996 Statistics

AIDS Statistics

Cum. SF AIDS Cases Reported through 9/30/96	23,532
Cum. SF AIDS Deaths Reported through 9/30/96	16,442
AIDS Cases reported in SF in September	109
AIDS Deaths cases reported in SF in September	85
Cum. California AIDS Cases Reported through 9/30/96	96,120
Cumulative US Cases Reported through 9/30/96	51,3486

* The majority are from the National Death Index List.

San Francisco General Hospital

Inpatient

Average Daily Census	
Medical/Surgical	159.6
Maternal/Child (exclude newborns)	17.7
Newborn Nursery	14.5
Psychiatry	96.1
Actual Patient Days:	
Medical /Surgical	4,788
Maternal/Child (exclude newborns)	532
Newborn Nursery	435
Psychiatry	2,884
Admissions	
Medical/Surgical	1,048
Maternal/Child (exclude newborns)	229
Newborn Nursery	130
Psychiatry	264

Average Length of Stay	
Medical/Surgical	4,5
Maternal/Child (exclude newborns)	2.2
Newborn Nursery	3.5
Psychiatry	10.6
Discharge Patient Days	
Medical/Surgical	4,610
Maternal/Child (exclude newborns)	504
Newborn Nursery	474
Psychiatry	2,638
Discharges	
Medical/Surgical	1,026
Maternal/Child (exclude newborns)	231
Newborn Nursery	134
Psychiatry	248

Outpatient Visits

Primary Health	10,218
Family Health:	3,335
General Medicine:	2,428
Pediatric:	2,649
OB/GYN:	1,806
Gateway	N/A
Specialty Clinics:(excl. OHS)	12,005

Emergency Activities

Non-Admit Emerg. Dept. Visits:	5,005
ED Visits resulting in Admissions:	847
Non-Admit Psychiatric Emergency Services:	339
Psych Emerg. Serv Resulting in Admis.	218

Laguna Honda Hospital
Average Daily Census - August 1996

All Beds	1,182
Acute Services	2
SNF Services	1,161
AIDS SNF	19

Disease Control

TB Clinic:	
Patients Visit	1,617
New Patients	356
Daily Visit	321
Field Visit	153

Bureau of Epidemiology and Disease Control
Reportable Diseases

	5 Week Period Ending			*Year-to-Date*		
	1994	*1995*	*1996*	*1994*	*1995*	*1996*
AIDS*	137	135	80	1757	1434	1082
Campylobacteriosis	62	62	57	462	389	428
Giardiasis	41	43	43	299	314	300
Hepatitis A	33	35	29	202	301	399
Hepatitis B	3	1	0	54	39	39
Salmonella	19	17	19	128	125	141
Shigella	43	49	16	181	250	212
TB	21	20	16	210	206	186
Gonorrhea	137	117	78	1583	1246	1016
Syphilis	2	6	5	58	39	61

* Resident cases only.

September 1996 Statistics

Community Substance Abuse Services

Persons on Wait List on Last Day MIS has not finished report
Daily Census on Last Day
Outpatient Visits Provided
Residential Days Provided
Residential Detox Days Provided
Methadone Maint. Units)
Day Care Habilitative Units

Mental Health (Weekly Averages)
September 1996

Number of Patients at SFGH (includes 4P): Not available
Number of Medically Complex
Number of Total Care
Number of AIDS
Number of Short-Doyle Inpatient Overflow Beds

Health Centers - Primary Care Encounters

September 1996	**Medical Encounters**	**Nursing Encounters**	**Other Encounters (Dental, Podiatry, Mental Health, Social Work, Others)**	**Total Encounters**
Castro-Mission	1,322	649	3,142	5,113
Maxine Hall	555	365	2,884	3,804
Silver Avenue	601	244	214	1,059
Chinatown	963	559	60	1,582
Ocean Park	665	833	343	1,841
North of Market	501	75*	84	660
Potrero Hill	537	78	323	938
Southeast	729	228	555	1,512
Tom Waddell	2,365	546	784	3,695
SPY	540	761	1,755	3,056
Total:	**8,778**	**4,338**	**10,144**	**23,260**

* Estimate.

5) PRESENTATION OF SUBSTANCE ABUSE STIMULANT - USE REPORT

Jim Stillwell and Al Abramowitz of CSAS presented a status report on cocaine and methamphetamine problems and recommended actions to address the most pressing aspects of the problems. (Attachment A).

Slides (Attachment B) were presented to reflect data collection and analysis, which would play a critical role in guiding, planning and budget decisions.

Public Speakers:

Jennifer Friedenbach, Coalition on Homelessness
Sabrina, Women's Alcohol Center
Leana Recoder, Family Rights and Dignity
Brenda McCoy, Pomeroy House
Shana Howard, Mia House
September Janett, COR Services
Michael Siever, New Leaf

Points made by the speakers included support for treatment on demand, treatment programs specifically for mothers and their infants and children, and services for lesbian/gay substance abusers.

Dr. Delia Dempsey of CASARC provided data and statistics on drug-exposed babies, foster care, women in drug treatment, and women-oriented substance abuse program models.

Dr. Hernández stated her support for treatment on demand and reported that the Mayor is also supportive.

6) UPDATE ON THE DEPARTMENT OF PUBLIC HEALTH'S REORGANIZATION PROCESS

Tangerine Brigham, Director of Policy and Planning, presented the following status update on the Department's organizational restructuring efforts:

> In April of 1996, the Health Commission endorsed the Department's strategic planning proposal. Reorganizing our internal structure is the first component of this effort. Under the restructuring proposal, the Department will reorganize into two divisions: Public Health and the Integrated Delivery System. In addition, a reorganization of central administrative functions is also being proposed. (Attachment C). Organizational restructuring will help clarify our dual responsibilities as the public agency overseeing the health of the entire community and as a provider of direct patient care.
>
> Three organizational restructuring management teams were developed to make recommendations on the most optimal structure needed to ensure that the Department adheres to its Mission and Vision Statements. The management teams were in the areas of: 1) Public Health, 2) Integrated Delivery System, and 3) Central Administration. The proposed organizational restructuring reflects work in progress. There are still a number of unresolved issues that need to be clarified and discussed before we proceed into any implementation plan.

A copy of the full report is available at the Commission Office.

Ms. Brigham made the following points:

> Given the recent increase in hospital mergers and the ongoing reports of "downsizing" throughout the health care industry, some may infer that the Department's organizational restructuring is designed to reduce either staffing or costs. However, the Department has not initiated organizational restructuring with this in mind. While it is clear that the Department must effectively compete in the health care market, this effort is not designed to either reduce or augment staffing. This restructuring effort may, however, result in a reallocation of staff to either program or administrative areas in which the Department believes staff resources are needed.
>
> In addition, our organizational restructuring effort is not premised on the assumption that the Department will propose changes to its current governance structure. As a result, any and all divisions within the Department will report to the same Director of Health, and the San Francisco Health Commission will continue to be the Department's governing body. The reorganization should significantly improve the Department's ability to fulfill its mission.
>
> This organizational restructuring effort is the first phase of our larger strategic planning process. Once the Department begins its reorganization, it can proceed with strategic planning.

Commissioners' Comments:

- The proposed restructuring is impressive; it facilitates a team approach, and is consumer-centered.
- The restructuring reflects implementation of the Commission policy for strategic planning in a managed care environment.
- What funding questions and regulatory issues would surface from the proposed restructuring?
- The question of whether the proposed restructuring is a policy issue was raised.
- Any proposed restructuring of the Department is an administrative function of implementing the Mission Statement policy of the Commission.
- The restructuring plan should carry out the Department's Mission Statement.
- What is built into the proposed restructuring to ensure effectiveness?
- In its governance role, the Commission would reflect a change in its own operational structure in response to any Department reorganization.
- The Department would fulfill its mission from a multidisciplinary perspective.

Dr. Hernández reported that policy issues will come to the Commission as strategic planning continues. Many more progress reports will be brought to the Commission as the proposed restructuring is refined and before any implementation plan begins.

7) PRESENTATION OF RESEARCH WITHIN THE DEPARTMENT OF PUBLIC HEALTH

Dr. Mitch Katz, Director of Epidemiology, Disease Control and AIDS, provided the following status report of research activities in the Department:

By research activities, we mean those projects designed to advance knowledge in a particular field. Research is distinct from those activities that the Department undertakes to improve its day-to-day functioning, such as needs assessments, surveillance of disease activities, satisfaction surveys, monitoring and evaluations of programs, and ongoing quality assurance/quality improvement activities. Research activities are generally funded though outside grants.

Most Health Departments in the United States conduct little or no research. The reason is that most Health Departments view their functions as: 1) promotion of public health through disease control, immunization, regulation, and health education, and 2) service provision.

There are other reasons that Public Health Departments do not typically conduct research. First, research is time consuming. The time between conception of a research question and its completion can be several years. In public health we generally are required to decide policy direction and create programs on a much shorter time scale. The result is that we generally make decisions based on available evidence and our best judgments. When research findings are available we modify our programs. A second reason that Health Departments do not generally conduct research is that for research to flourish, there must be a critical mass of researchers whose time is protected for writing grant proposals and completing the projects. most Health Departments have made reductions in staffing in recent years due to budget deficits. Staff not engaged in direct service delivery are generally more vulnerable to staffing reductions than are direct service providers. Even when such staff are not cut, the daily demands of public health are often more pressing than writing research grant proposals or completing research projects, resulting in reassigning staff members from research to service needs.

The San Francisco's Public Health Department has been unusual in the extent to which we have successfully conducted applied clinical and health-related research. The factors that have allowed us to pursue research efforts are a very supportive Health Commission and administration interested in research, an Affiliation Agreement with a major university, proximity to a number of excellent universities and professional schools, a history of successful collaboration with the Centers for Disease Control and Prevention, and a diverse, but geographically circumscribed population that makes studies relevant and feasible.

There are two major ways in which research is conducted in the Health Department. Some projects are initiated and carried out primarily by Health Department employees. This is true for most of the research conducted with the Bureau of Epidemiology, Disease Control and AIDS. In the case of other projects, the principal investigators are from universities. For these latter projects, Department of Public Health personnel function as collaborators, often helping to recruit subjects as well as provide input to make the results of the study more applicable to our populations. This is true for most of the research conducted within Mental Health, Community Substance Abuse Services, Forensics, San Francisco General Hospital, and Laguna Honda Hospital.

Dr. Katz highlighted the recently completed, current and future research projects within the Department, including Emergency Medical Services, Laguna Honda Hospital, and San Francisco General Hospital. He also provided a list of collaborative research at San Francisco General Hospital with UCSF. Although this research is not funded by the Department of Public Health or the City and County of San Francisco, the funding often directly benefits the Department's patient population.

Commissioners expressed their continued support for research within the Department because research provides good data for policy development. Commissioners encouraged the Department to consider research within the continued development of organizational restructuring.

8) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

9) **EXECUTIVE SESSION:** **PURSUANT TO GOVERNMENT CODE SECTION #54956.9, CONFERENCE WITH LEGAL COUNSEL:**

(1) **PENDING LITIGATION BASED ON SUBDIVISION (a) OF GOVERNMENT CODE SECTION 54956.9, ARISING OUT OF USA VS. CITY AND COUNTY OF SAN FRANCISCO ET AL. (UNITED STATES DISTRICT BOARD, N.D., CAL. NO. C84-7089 MHP).**

(2) **ANTICIPATED LITIGATION**

_2_ AS DEFENDANT **_____ AS PLAINTIFF**

BASED ON SIGNIFICANT EXPOSURE TO LITIGATION PURSUANT TO SUBDIVISION (b) OF GOVERNMENT CODE SECTION 54956.9, ARISING OUT OF THE PROPOSED EMERGENCY MEDICAL SERVICES RECONFIGURATION PLAN WHICH CALLS FOR A FIRE-BASED EMERGENCY RESPONSE AND TRANSPORTATION SYSTEM.

The meeting was adjourned at 7:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

Executive Summary: Stimulant Abuse In San Francisco

Methamphetamine and cocaine, the two most prevalent forms of abused stimulants, have reached epidemic proportions in San Francisco. These highly addictive drugs are potent, cheap and readily available. The initial effects of the drugs are seductive but prolonged or heavy use is associated with major health problems that can be caused by the drug itself, the route of administration, or risky behavior from its disinhibiting effect. As described in the following two reports, consequences of stimulant use/abuse have caused a dramatic rise in emergency room visits (see Table 1), drug-related deaths (see Table 2), HIV seroconversion, and demand for substance abuse treatment and services (see Table 3).

Of the 11,959 unduplicated clients treated in FY 1995-96 by CSAS, 3,706 clients had a primary stimulant problem. This figure represents 31% of all clients served and does not include clients who use stimulants as a secondary or tertiary drug of choice. For clients requesting treatment, stimulants were reported as a primary problem for 35% of Target Cities clients and 50% of programs serving women with children. Table 4 describes the distribution of primary stimulant users among 50 CSAS programs. Estimates from the CSAS Stimulant Survey indicate that there are an additional 1,500 clients who have speed as a secondary or tertiary problem, and 2,000 clients who have abused cocaine.

Approximately half of all clients served in the entire treatment network used some form of stimulants 30 days prior to admission.

Characteristics that differentiate cocaine and methamphetamine abusers in CSAS funded services are presented in the following table.

% of Speed Users (n=849)	% of Cocaine Users (n=2,857)	Characteristics
39%	22%	Gay/Lesbian/TG/Bisexual
13%	73%	African Americans
73%	16%	Caucasians
18%	35%	Women
35%	50%	Alcohol as Secondary Problem
15%	10%	Youth/Young adults (under 26)
56% (injection)	87% (smoking)	Route of Administration
2%	12%	Pregnant/Post Partum
50%	39%	Psychiatric Problems
47%	43%	Homeless
40%	44%	Criminal Justice Involvement
37%	24%	HIV/AIDS

The publicly funded substance abuse treatment system has a limited capacity to serve substance abusers, including stimulant using clients. The demand for alcohol and other drug services far outstrips the treatment capacity available in San Francisco. A preliminary Treatment on Demand Survey identified a need for 992 additional speed treatment slots and 1,711 additional cocaine treatment slots.

Next Steps

1. Conduct a major training seminar for front line clinical staffs in substance abuse, mental health and primary care agencies regarding the signs, symptoms and treatment of methamphetamine and cocaine abuse and dependency. Ongoing case consultation will provide continuing clinical support for providers.
2. Collaborate to expand prevention, early intervention, harm reduction approaches and treatment capacity for high risk populations including:
   a) Gay, lesbian, bisexual and transgender San Franciscans who use methamphetamines;
   b) Pregnant and post-partum women with small children who abuse cocaine and/or methamphetamines and have just given birth to a drug addicted child; and,
   c) Communities (neighborhoods) concerned about the problems created by stimulant and inhalants abuse in their community and want to invest in change.
3. Expand treatment capacity through:
   a) CSAS's System of Care planning and system re-engineering process designed to systematically improve the efficiency, effectiveness and interrelationship of substance abuse services; and,
   b) seeking funding for the expansion of services to achieve "treatment on demand".
4. Enhance environmental supports for those engaged in the recovery process who need safe, clean and sober housing, childcare and job training to be successful in their recovery.

Substance Abuse Problems and Services in San Francisco: An Overview*

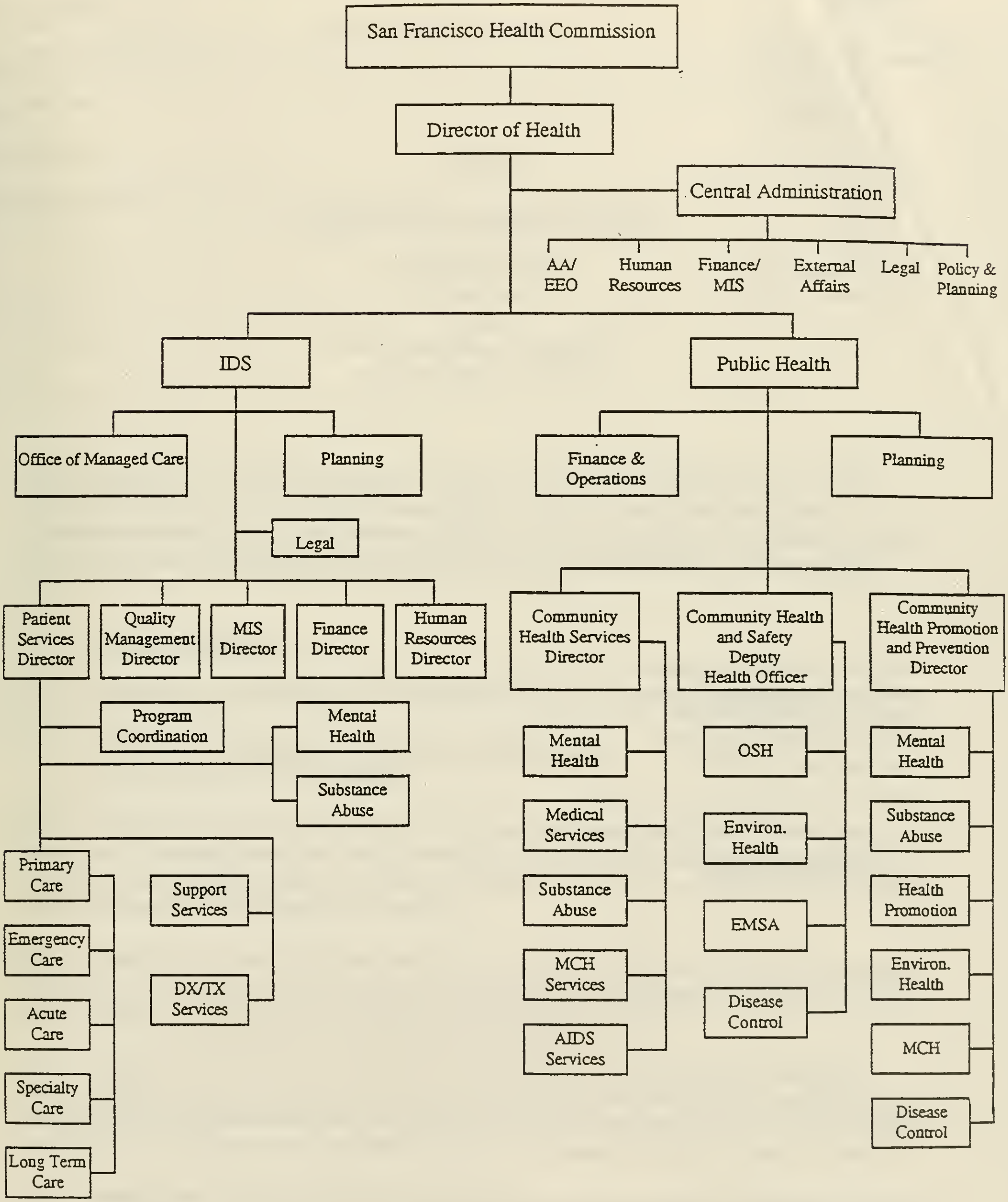
1. Substance Abuse Problems and Treatment Capacity, San Francisco
2. Substance Abuse Problems in Relationship to Treatment Capacity, San Francisco
3. Substance Abuse System of Care
4. CSAS Funded Treatment Capacity by Modalities, 1995-96
5. Primary Problem of 11,959 CSAS Clients in Treatment, 1995-96
6. Percent Changes in Major Substance Abuse Indicators Over Latest Three Years, San Francisco
7. A Summary of Key Substance Abuse Indicators, San Francisco
8. Cocaine and Speed Emergency Room Admissions, San Francisco County, 1990-1994 (Table 1)
9. Cocaine and Speed Caused Deaths, San Francisco County, 1990-1995 (Table 2)
10. Cocaine and Speed Clients in CSAS Treatment, San Francisco, 1991-1996 (Table 3)
11. Comparison of Unduplicated Clients in CSAS Treatment with Speed or Cocaine as a Primary Problem, 1995-96
12. Next Steps

* slides for presentation to accompany report on "Stimulant Abuse in San Francisco."

DRAFT

DPH Proposed Organizational Structure

DRAFT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Central Administration
AA/ EEO
Human Resources
Finance/ MIS
External Affairs
Legal
Policy & Planning
IDS
Office of Managed Care
Planning
Legal
Patient Services Director
Quality Management Director
MIS Director
Finance Director
Human Resources Director
Program Coordination
Mental Health
Substance Abuse
Primary Care
Emergency Care
Acute Care
Specialty Care
Long Term Care
Support Services
DX/TX Services
Public Health
Finance & Operations
Planning
Community Health Services Director
Mental Health
Medical Services
Substance Abuse
MCH Services
AIDS Services
Community Health and Safety Deputy Health Officer
OSH
Environ. Health
EMSA
Disease Control
Community Health Promotion and Prevention Director
Mental Health
Substance Abuse
Health Promotion
Environ. Health
MCH
Disease Control

Attachment C
Page 1 of 1

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
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AGENDA

HEALTH COMMISSION MEETING

November 5, 1996
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF OCTOBER 15, 1996

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) CPHS-AIDS - Request for contract renewal with California Pacific Medical Center, in the amount of $1,396,899, for the provision of AIDS Hospice and Intermittent Home Care and MIA Home Care, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with CPMC for services totaling $9,706,769 during FY 1994-95).

(3.2) CPHS-AIDS - Request for retroactive contract renewal with Shanti Project in the amount of $72,880, for van transportation services for the period of July 1, 1996 through June 30, 1997. (DPH contracted with Shanti for services totaling $755,253 during FY 1994-95).

(3.3) CPHS-AIDS - Request for retroactive contract renewal with Professional Management Development Corporation in the amount of $4,748,127, for the provision of AIDS Drug Assistance Program (ADAP), pharmaceutical and administrative services, for the period of April 1, 1996 through June 30, 1997. (DPH contracted with PMDC for services totaling $2,944,308 during FY 1994-95).

(3.4) DMS-CSAS - Request for sole source and retroactive contract approval with Jelani, Inc. in the amount of $788,231, to provide residential substance abuse treatment services to women and their children, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with Jelani for services totaling $116,000 during FY 1994-95).

(3.5) DMS-CMHS - Request for retroactive approval of a multiyear contract with Westside Community Mental Health Center, Inc., in the amount of $7,384,713, to provide mental health and substance abuse services for the period of July 1, 1996 through June 30, 2000. (DPH contracted with Westside for services totaling $2,759,397 during FY 1994-95).

(3.6) DMS-CMHS - Request for retroactive approval of a renewal contract with Seneca Center in the amount of $604,545, to provide San Francisco Alternatives Program and Sub-Acute Residential/Step Down Program services for the period of July 1, 1996 through June 30, 2000. (DPH contracted with Seneca for services totaling $342,000 during FY 1994-95).

(3.7) DMS-CMHS - Request for retroactive approval of a sole source and modification to the contract with Telecare Corporation in the amount of $252,000, to provide 24-hour locked skilled nursing facility, emergency services for the period of July 1, 1996 through February 28, 1997.

(3.8) DMS-CMHS - Request for retroactive approval for sole source and multiyear contract renewal with Continuum HIV Day Services in the amount of $98,000 per year to provide adult mental health day care services for individuals with AIDS for the period of July 1, 1996 through June 30, 2000. (DPH contracted with Continuum for services totaling $490,160 during FY 1994-95).

(3.9) CHS - First modification to the contract with Polaris Research and Development to add an additional $77,999 to develop and implement an evaluation of the Comprehensive Tobacco Control Plan, for the period of certification through June 30, 1998. (DPH contracted with Polaris for services totaling $135,983 during FY 1994-95).

(3.10) CHS - First modification to the contract with Maureen O'Rorke Public Relations and Advertising to add an additional $78,999 to develop and implement a comprehensive media campaign for the Tobacco Free Project, and $49,025 for the Childhood Lead Prevention Program for the period of certification through June 30, 1998. (DPH contracted with O'Rorke for services totaling $30,000 during FY 1994-95).

(3.11) C.O.-MIS - Contract modification with Shared Medical Systems Corporation in the amount of $4,620,459, for the provision of data processing integration and support systems for the period of November 5, 1996 through June 30, 2000. (DPH contracted with SMS for services totaling $3,082,101 during FY 1994-95).

(3.12) Administration - Request for approval of a Supplemental Appropriations Request to increase the FY 1996-97 California Healthcare for Indigents Program (CHIP) allocation to San Francisco County by $62,310 (increase total revenues) and to reallocate funds among CHIP-funded programs (reallocate revenues and expenditures).

(3.13) GR 96-39 - Request for approval by the Budget Committee of the Health Commission to authorize adoption of the County Description of Proposed Expenditure of California Healthcare for Indigents (CHIP) Program Funds for Fiscal Year 1996-97.

4) **DIRECTOR'S REPORT**
(Dr. Sandra R. Hernández, Director of Health)

5) **PRESENTATION AND CONSIDERATION OF THE SUSTAINABILITY PLAN FOR THE CITY AND COUNTY OF SAN FRANCISCO**

6) **PRESENTATION OF AN OVERVIEW OF FORENSIC SERVICES**

7) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas Lee Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

/96

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, November 5, 1996
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:05 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner Sharon Gadberry, Ph.D. Commissioner Roma P. Guy, M.S.W. Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S.
Absent:	Commissioner Thomas Lee Eades

2) APPROVAL OF MINUTES OF THE MEETING OF OCTOBER 15, 1996

Action Taken: The Commission unanimously adopted the Minutes of October 15, 1996.

3) CONSENT CALENDAR OF BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) CPHS-AIDS - Request for contract renewal with California Pacific Medical Center, in the amount of $1,436,699, for the provision of AIDS Hospice and Intermittent Home Care and MIA Home Care, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with CPMC for services totaling $9,706,769 during FY 1994-95).

Commissioner Monfredini abstained on this item due to conflict of interest.

Public Speakers:

Sasha Cutler, VNH employee
Andrea Staples, VNH employee
Fred Seavey, Local 250
Sharon Tourville, R.N., M.S.N, CPMC

Commissioner Guy acknowledged and supported the concerns expressed by the employees.

(3.2) CPHS-AIDS - Request for retroactive contract renewal with Shanti Project in the amount of $72,880, for van transportation services for the period of July 1, 1996 through June 30, 1997. (DPH contracted with Shanti for services totaling $755,253 during FY 1994-95).

(3.3) CPHS-AIDS - Request for retroactive contract renewal with Professional Management Development Corporation in the amount of $4,748,127, for the provision of AIDS Drug Assistance Program (ADAP), pharmaceutical and administrative services, for the period of April 1, 1996 through June 30, 1997. (DPH contracted with PMDC for services totaling $2,944,308 during FY 1994-95).

(3.4) DMS-CSAS - Request for sole source and retroactive contract approval with Jelani, Inc. in the amount of $788,231, to provide residential substance abuse treatment services to women and their children, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with Jelani for services totaling $116,000 during FY 1994-95).

(3.5) DMS-CMHS - Request for retroactive approval of a multiyear contract with Westside Community Mental Health Center, Inc., in the amount of $7,384,713, to provide mental health and substance abuse services for the period of July 1, 1996 through June 30, 2000. (DPH contracted with Westside for services totaling $2,759,397 during FY 1994-95).

Commissioner Gadberry is interested in outcome data for the program.

(3.6) DMS-CMHS - Request for retroactive approval of a renewal contract with Seneca Center in the amount of $604,545, to provide San Francisco Alternatives Program and Sub-Acute Residential/Step Down Program services for the period of July 1, 1996 through June 30, 1997. (DPH contracted with Seneca for services totaling $342,000 during FY 1994-95).

As liaison to Mental Health, Commissioner Gadberry is reviewing this contract on a monthly basis.

Commissioner Monfredini requested a progress update on this contract be brought back to the Budget Committee in 90 days (February 4, 1997).

Commissioner Monfredini and Commissioner Gadberry requested the Department to revisit the possibility of pursuing an alternative site in the community for this program.

(3.7) DMS-CMHS - Request for retroactive approval of a sole source and modification to the contract with Telecare Corporation in the amount of $252,000, to provide 24-hour locked skilled nursing facility, emergency services for the period of July 1, 1996 through February 28, 1997.

(3.8) **DMS-CMHS** - Request for retroactive approval for sole source and multiyear contract renewal with Continuum HIV Day Services in the amount of $98,000 per year to provide adult mental health day care services for individuals with AIDS for the period of July 1, 1996 through June 30, 2000. (DPH contracted with Continuum for services totaling $490,160 during FY 1994-95).

Commissioner Monfredini encouraged the contractor to achieve compliance with affirmative action in its staffing.

(3.9) **CHS** - First modification to the contract with Polaris Research and Development to add an additional $73,999 to develop and implement an evaluation of the Comprehensive Tobacco Control Plan, for the period of certification through June 30, 1998. (DPH contracted with Polaris for services totaling $135,983 during FY 1994-95).

(3.10) **CHS** - First modification to the contract with Maureen O'Rorke Public Relations and Advertising to add an additional $78,999 to develop and implement a comprehensive media campaign for the Tobacco Free Project, and $49,025 for the Childhood Lead Prevention Program for the period of certification through June 30, 1998. (DPH contracted with O'Rorke for services totaling $30,000 during FY 1994-95).

(3.11) **C.O.-MIS** - Contract modification with Shared Medical Systems Corporation in the amount of $4,305,851, for the provision of data processing integration and support systems for the period of November 5, 1996 through June 30, 2000. (DPH contracted with SMS for services totaling $3,082,101 during FY 1994-95).

Commissioner Monfredini emphasized the importance of the contractor to make real attempts to comply with affirmative action policies in its staffing pattern.

(3.12) **Administration** - Request for approval of a Supplemental Appropriations Request to increase the FY 1996-97 California Healthcare for Indigents Program (CHIP) allocation to San Francisco County by $62,310 (increase total revenues) and to reallocate funds among CHIP-funded programs (reallocate revenues and expenditures).

(3.13) Request for approval by the Budget Committee of the Health Commission to authorize adoption of the County Description of Proposed Expenditure of California Healthcare for Indigents (CHIP) Program Funds for Fiscal Year 1996-97.

Action Taken: The Commission (Chow, Barnes, Gadberry, Guy, Parker) approved #3.1. Commissioner Monfredini abstained.

Action Taken: The Commission (Chow, Barnes, Gadberry, Guy, Monfredini, Parker) approved #3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9, 3.10, 3.11, 3.12 and 3.13.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

BLUE RIBBON COMMITTEE ANNOUNCEMENT

Blue Ribbon Committee on Universal Health Care

Mayor Brown announced at the recent "Health Summit" his intention to form a Blue Ribbon Committee on Universal Health Care. As you know, the consensus of the Summit participants was that the City and County of San Francisco needed to focus on its ability to improve insurance coverage or all San Franciscans. Mayor Brown pledged to form a Blue Ribbon Committee to focus on issues such as voluntary small business participation in a health plan; issues regarding eligibility and scope of benefits; and the best use of resources that are currently available to the San Francisco health system.

The initial development of the project is expected to take about six months, and be the work of the twenty or so experts from various fields and points of view. Committee members will seek broader participation from community advocates; City officials; health care consultants, and others on an as-needed basis. The Department's application for a federal "1115" MediCaid demonstration project waiver, as well as other pilot projects, will be among the matters addressed by the Blue Ribbon Committee.

At the request of the Mayor, I will chair the Committee and it will be facilitated by Margaret Kisliuk, Deputy for Legal and Fiscal Restructuring, and formerly of the Mayor's staff. A list of the committee members is at the end of the Director's Report.

ADMINISTRATION

Election Day Volunteers

The Mayor asked all City Department's to recruit volunteers to help at the polls on election day to ensure a flawless election. Sixty-three DPH employees volunteered to help. We were informed late last week that the Election Division was successful in their recruitment drive, and would not need all of our volunteers. The Election Division refined their original request to ask for only Z multi-lingual classifications. Of the 63 original volunteers, the Election Division asked 12 DPH employees to help with today's election. On behalf of the Department, I want to take this opportunity to thank all of those who volunteered.

WELFARE REFORM

Prenatal Care to Undocumented Women

On November 1, 1996 the Department of Health Services released emergency regulations to eliminate state-funded prenatal care to undocumented women. If approved, the regulations will take effect December 1, 1996. The regulations are currently being reviewed by the Office of Administrative Law.

The Governor asked for the elimination of prenatal care in conjunction with the passage of the Welfare Reform Act. Under the State's proposed regulations, undocumented women would continue to be eligible to receive "emergency labor and delivery." Under the MediCal Program, postpartum care would not be covered under the new regulations. The Department remains concerned that the elimination of vital prenatal care can be injurious to the unborn child and expectant mother and that elimination of prenatal is not a cost-effective method for controlling expenditures.

The Office of Administrative Law has ten days to review the proposed emergency regulations. It is our understanding that public comment must be submitted in writing by tomorrow -- Wednesday, November 6, 1996. The Department is in the process of reviewing the regulations and will submit written comments to the State regarding what can only be viewed as a hasty and unwarranted application of the emergency regulatory rule making authority.

Mayor's Welfare Reform Task Force

Last week the Mayor held the first community meeting for the Welfare Reform Task Force. Over 100 community representatives were asked to serve on this Task Force. The Task Force was established to make recommendations to the Mayor on the implementation of the Welfare Reform Act in

San Francisco. I will be participating on the Steering Committee of the Task Force which will be responsible for overseeing and coordinating the work and recommendations of the Task Force.

The Task Force created eight committees in the following areas: (1) immigration, (2) child care, (3) housing, (4) coordinating city budgets, (5) employment, education and training, (6) community resources, (7) support systems and (8) redesign. The committees will meet regularly over the course of the next several months to formalize their recommendations. Committees have been asked to produce preliminary recommendations by February 1997 and final recommendations by April/May 1997.

In addition to the Department of Human Services, several other health and social services related-departments are contributing staff time to assist the committees. I have appointed Mark Trotz to provide assistance to the Housing and Support Systems Committees. In addition, I have asked Mildred Creer, Director of the Bureau of Children, Youth and Families, and Deborah Camarillo, Bay Area Service Network DUI Coordinator in Community Substance Abuse to work on the Support Systems Committee.

FEDERAL HEALTH CARE REFORM

VA-HUD Appropriations Bill

The 1997 Veterans Affairs-Housing and Urban Development Appropriations Bill (HR 3666) signed by President Clinton includes two major health insurance reform provisions; one on maternity stays and the other on mental health parity.

The Newborns and Mothers' Health Protection Act of 1996 establishes minimum hospital stays for vaginal deliveries (no less that 48 hours) and for cesarean sections (no less than 96 hours). Providers are not required to obtain prior authorization from the health plan or insurer. The Act governs group health plans, and health insurers offering group health insurance coverage for pregnancy-related services. Health plans may impose deductibles, co-insurance or other cost-sharing mechanisms in connection with this benefit. The Act takes effect on or after January 1, 1998. The Act also instructs the Secretary of Health and Human Services to establish an advisory panel to study the factors affecting: (1) maternal and child health care, (2) the length of hospital stay for childbirth, (3) nature of post-natal care, (4) health care outcomes and (5) the financial incentives that influence clinical decision-making by providers.

The Mental Health Parity Act of 1996 requires health plans to set the same aggregate and annual lifetime limit on mental health services that are applied to medical and surgical benefits. Thus, there is not distinction between the application of medical and surgical benefits and mental health benefits. Currently, not health policies have a $500,000 lifetime cap on mental health services, while physical illnesses have lifetime caps of $1 million or more. The Act also does not apply to group health plans for small employers, classified as those with under 50 employees. This Act only affects health plans which already offer mental health benefits: health plans would not be required to include mental health as a benefit. The Act takes effect on or after January 1, 1998.

FORENSICS

CMA Survey

One of the final provisions of the consent decree has been the requirement that Jail Health Services become accredited by the California Medical Association, the State accrediting authority for jail/prison based health care services. With the opening of County Jail 9 in October, 1996, all components of the new jail system have become fully operational, and consequently, the accreditation visit was scheduled.

On October 31 and November 1 the CMA team performed their on site inspection reviewing all aspects of health care delivery for inmates of the San Francisco County Jails. Medical and mental health staff, custody staff and prisoners were all interviewed as part of the comprehensive evaluation process.

The CMA team was extremely impressed with the health care delivery system provided by Forensics Services. At their exit conference team members noted that there was a "flawless execution of medical processes here", that "mental health staff were incredibly well versed" in the provision of health care services and that this was a "first class operation". In addition, the reviewers stated that the camaraderie, mutual respect and collaborative working relationship among health and custody staff was unparalleled. The team concluded that San Francisco possessed "...one of the finest medical systems ever reviewed".

Despite this extremely positive assessment of our health care system, the survey team was unable to recommend accreditation because they concluded that they lacked the experience and knowledge needed to evaluate a computerized medical records system. As a result, another physician is scheduled to review the automated system on November 6. This will be the final step in the accreditation process. We fully expect to receive accreditation at that time.

I want to personally express my appreciation to Dr. Joe Goldenson, the staff at Forensics Services and the Sheriff's staff with whom they work. I know you join me in commending them all for their excellence in the provision of health care under difficult conditions, to a population that has many needs and is often avoided or forgotten by main stream health care providers. As a City we are indeed fortunate to have this demonstrated excellence in jail health care.

COMMUNITY PUBLIC HEALTH SERVICES

Published Study of CHIPPS Program

The Community and Home Injury Prevention Program for Seniors (CHIPPS) in the Bureau of Health Promotion and Education focuses on helping seniors remain safe and independent in the community by:

1. creating awareness that many injuries to older people can be prevented;
2. developing and disseminating information about simple ways to recognize and correct injury hazards; and
3. providing resources and information to health professionals, service providers and the public.

An evaluation study of CHIPPS intervention, which was completed two years ago has just been published in a special supplement to the American Journal of Preventive Medicine (v12, #4). It shows a 60% reduction in reported falls to program participants, and concludes that "**this community-based program to reduce hazards in the home environment of senior citizens was feasible, well accepted, and probably effective in preventing falls, burns, and scalds.**"

The study, "Modifying the Environment: A Community-based Injury-Reduction Program for Elderly Residents," was part of a special supplement on Research Linkages Between Academia and Public Health Practice, 1996. It was co-authored by Bill Plautz, M.D., Laguna Honda Hospital, Cynthia Selmar, MSW, MPH, Southeast Health Center, and Michael Redetsky, MPH, CHIPPS Program.

Family Violence Prevention Grant

The Bureau of Health Promotion scored second highest in State Department of Social Services RFP process for a Family Violence Prevention project. Five grants will be made throughout the State to begin December 2, 1996. The funding for these projects is from Federal Family Preservation and Support program.

The purpose of the project is to prevent and intervene with domestic violence that occurs in homes with children present. There are five components to the program: 1) working with selected communities/target groups to develop community norms which frown on violence in families perpetrated by men on women; 2) educating professional and community based stakeholders on violence and violence prevention; 3) intervention education for youth and young men who are batterers; 4) mentoring youth and young men at risks of becoming batterers; 5) community wide planning activities; and 6) coordination with the Family Support Preservation and Support activities in the Department of Human Services.

The Bureau of Children, Youth and Families will assist in the linkages to DHS and Family Preservation and Support; two partners in the community, MOVE (Men Overcoming Violence) and SFNLAF (San Francisco Neighborhood Legal Assistance Foundation) will assist us in implementation of the program activities.

The grant is for $250,000 annually for three years. Award of this grant serves to reinforce the Department's efforts in reducing Violence as a Public Health priority.

The Breast and Cervical Cancer Control Project (BCCCP)

At the October bi-annual Breast and Cervical Cancer Control Program Contractors meeting, the Department of Public Health received a Certificate of Achievement in recognition of our Breast and Cervical Cancer Control Program (BCCCP) success in expanding access to breast and cervical cancer screening for low income and uninsured women in San Francisco. The BCCCP consortium of clinics (which includes Department of Public Health Centers and San Francisco General Hospital clinics, Northeast Medical Services, and Mission Neighborhood Health Center) has screened the largest number of women in the State.

SAN FRANCISCO GENERAL HOSPITAL

Birth Center

The Birth Center at SFGH is targeted to open for patient admission on December 3, 1996. This center provides integrated care delivery to childbearing women, encompassing antepartum, intrapartum, postpartum, and infant care. The LDRP (labor, delivery, recovery/postpartum) concept along with Mother-Baby Diad care and our state of the art facility will serve to enhance services offered to our maternal-child population. You will be invited to an opening ceremony to be scheduled within the next two months.

16th Annual Employee Recognition Banquet

San Francisco General Hospital hosted its 16th Annual Employee Recognition Banquet on October 25, 1996. Attendees included Supervisor Michael Yaki, Commission Harrison Parker and Sandy Mori.

The program included honoree awards that reflected employees (SFGH/UCSF) who have served for 10, 15, 20, 25, 30 and 35 years.

We gave recognition to:

- Three awardees:

Sheryl Calson, CNS	- Nursing
Edna Dea	-Finance Department
Linda Frattaroli	-Medical Social Services

- Three team awardees:
  - Parking Committee
  - Patient Referral & Communication CQI Task Force Outpatient Pharmacy

- Four Executive Administrative Awards

Eric Miller	- Plant Services
Doreen Dare	- Staff Development
Sharon Kennison	- Finance
Dwight Starr	- Pharmacy/Materials Management

A very special honor was awarded to Mrs. Barbara Gibbs, Head Nurse of 4M Clinic, for her contributions over the years to employee related actions. Mayor Willie Brown, Jr. proclaimed October 25, 1996 as Barbara Gibbs Day.

The festivities were highlighted by outstanding performances by Michael Walsh, classical guitarist and UCSF gospel choir.

Diversion Statistics

Critical Care diversion for the period October 1 through October 31, 1996 was 5.1% or 38 hours and 33 minutes. The Emergency Department diversion was 3.1% or 23 hours and 33 minutes.

LAGUNA HOSPITAL

American Hospital Association Delegate

Anthony G. Wagner has been officially certified as a delegate to the House of Delegates of the American Hospital Association (AHA) for a term effective immediately and expiring December 31, 1999. As mentioned in an earlier report, he will serve on Region Nine's Policy Board. The Regional Policy Board meets three times a year to discuss policy issues and alternatives. The AHA Board uses the Regional Policy Board's conclusions and analyses in its policy deliberations.

Establishment of Long Term Care Task Force

The Board of Supervisors passed a resolution yesterday designating the Department of Public Health as lead agency for implementing the long term care pilot project and creating a task force to develop a comprehensive plan for long term care. The resolution is in response to State legislation, AB 1040 (Bates), which will establish five long term care integration project pilot sites. The Board will make their appointments to the task force after January 15, 1997. The Department will have two seats on the task force.

Laguna Honda Awarded FEMA Grant

Laguna Honda was notified by FEMA on November 1st that it has been awarded a Hazard Mitigation Grant to perform a $200,000 seismic retrofit on the Plant Service Building on LHH's Campus. The Plant Services building is currently rated a high risk seismic hazard and implementation of the structured retrofit project will provide a structurally safe building. Hospital staff will collaborate with DPW to expedite this project.

DIVISION OF MENTAL HEALTH SERVICES

Opening the Mental Health Rehabilitation Facility

The MHRF received its first residents today. On October 30, an informal kick-off celebration was held at the facility to recognize the completion of the first orientation period for the new employees and the contributions that community agencies and SFGH departments have made to that process. Richard Cordova and Jo Ruffin "unlocked" the front door and were presented with commemorative keys to celebrate and symbolize the partnership between SFGH and DMS.

Annual All Staff Conference

The Annual All Children's Mental Health Staff Conference was held September 12th at the UC Laurel Heights Campus. It was attended by 250 contract providers, civil services staff, Dr. Miriam De Coteau from the San Francisco Unified School District, Ms. Maria Leib, Vice Chair of the Mental Health Board, Ms. Jo Ruffin, Associate Director of Mental Health, Mr. Bob Martinez, Consultant, System of Care, and Supervisor Michael Yaki. The agenda covered included: presentation on successes in the system of care for children, outcome data on the system of care, managed care implementation, a parent involvement panel, and clinical skill-building workshops.

The parent involvement panel including: Ms. Julie Hsu, Ms. Lois Jones, Ms. Juno Duenas, and Ms. Gilda Serrano, and the moderator, Ms. Rachel Guerrero, was the highlight of the conference. The stories shared of personal and professional experiences in peer support and advocacy were a vital reality check for all participants.

Haas Grant Implementation/Early Childhood Mental Health Services Project

Recruitment and hiring of six mental health staff has been completed. These individuals are now receiving training in the following areas: child care center and child observations, initiating a consultation relationship, case consultation, child development and child temperament. The project has also been receiving requests for consultation from child care centers. Services will be phased in the coming months. Bowman Associates was retained by the Haas Fund to conduct an independent evaluation to measure the effectiveness of the project.

Economic Opportunity Council/Target City Substance Abuse Project

Three part-time staff have been hired to begin providing services to Head Start families on substance abuse awareness and referral for treatment through the Target City project. This is the first time that Children Services is providing substance abuse services along with mental health services, and we are eager to learn from this experience. We expect that we will do much more coordination with substance abuse services, and/or offer both services at more program sites in the future.

Primary Intervention Project

Through the continued collaboration among DMS, SFUSD, and the Edgewood Children Services, the number of schools with Primary Intervention Project has been increased to 18 as of this school year. These schools are: Bryant, Bessie Carmichael, Cleveland, Cobb, San Francisco Community, Garfield, Guadalupe, Flynn, Harvey Milk, Rosa Parks, Paul Revere, Sanchez, Commodore Stockton, E.R. Taylor, Ulloa, Visitation Valley, Yick Wo, and Las Americas. Children in K-3rd grade in these schools receive a mental health screening. For those identified as needing services, they are offered a course of short-term play therapy with a paraprofessional who is supervised by a mental health professional. Through the outcome data collected, this program has been proven to be an extremely effective early intervention model which helps children adjust to school.

Site Visit by Robert Wood Johnson Foundation

On September 25, the Robert Wood Johnson Foundation Board of Directors visited the Bay Area, to meet with several of their funded programs, including the Family Mosaic Project (FMP). Miriam Martinez, the FMP staff and FMP youth and parents did an exemplary job in presenting the outcome of the project to the Board of Directors. The Directors were impressed by the stories of positive changes in the lives of families who experienced intervention through the Family Mosaic Project.

Expansion of outpatient services through Early Periodic Screening, Diagnosis and Treatment

Through Early Periodic Screening, Diagnosis and Treatment (EPSDT), we have been able to expand outpatient services to children and adolescents receiving full scope Medi-Cal. The targeted population are: youth in foster care, children and youth in kinship program, Russian immigrants, sexual minority youth, Latino children and youth, homeless youth, African American children and youth, teen parents, children with pervasive developmental disabilities, and youth with dual diagnosis of substance abuse and mental health problems. All services are provided through contracts with existing community based, non-profit mental health providers.

BUREAU OF EPIDEMIOLOGY, DISEASE CONTROL AND AIDS

EMS Assistant Medical Director

I am very happy to report that our selected applicant, John Brown, M.D., has agreed to take the post of EMS Assistant Medical Director. He will be starting on December 16, 1996. On behalf of the Commission, Department, and the public, I would like to extend a very special acknowledgment to Dr. Mitch who has led our effort in the recruitment of a Board Certified Emergency Physician. Special thanks to all our Human Resource staff who worked on this vital job classification.

BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT

Clement Street Clean-Up

The scheduled clean-up of Clement Street on October 26th went well. We had volunteers from the neighborhood, Peabody School, DPW and staff from Bureau of Environmental Health. Supervisor Yaki, John Young (Mayor's staff), SWAP, Independent News and the Richmond Review were there. Everyone rallied at the Peabody School, got instructions, and then hit Clement Street. They started at Arguello and marched west to 8th Avenue, doing both sides of the street, wrapped up with a general sweep of the Peabody School grounds. Merchants and passers-by said thanks and one shop treated everyone to hot chocolates and lattes.

Fish Advisory

A study was released by the San Francisco Regional Water Quality Control Board in December 1995 identifying the presence of chemical contaminants in sport fish in San Francisco Bay. Over a hundred contaminants were identified to include PCBs, mercury, arsenic, dieldrin and DDT. This resulted in the California Environmental Protection Agency's (Cal/EPA) Office of Environmental Health Hazard Assessment (OEHHA) advising the State Department of Health Services to initiate a health advisory to the consuming public. The health concern involves the long-term consumption of sports fish caught in the Bay by subsistence fishermen.

E. Coli Outbreak

As you are probably aware, Odwalla, Inc. announced a voluntary recall of all Odwalla brand apple juice produces, as well as all Odwalla brand blended juice products containing apple juice. The recall has been epidemiologically linked with an outbreak of Escherichia coli 0157:H7 illnesses. All cases (thirteen) have been confirmed by laboratory analysis and are confined to the Seattle-King County area in Washington State. No cases have been confirmed, to date, in California or San Francisco specifically.

E. coli 0157:H7 causes bloody diarrhea. Most persons recover completely within a week, however some, especially children, are more at risk to develop a form of kidney disease known as Hemolytic Uremic Syndrome (HUS).

Environmental Health staff has issued advice and responded to approximately a dozen inquiries from the public. Additionally, staff is carrying the information to permitted food facilities within the City through the course of their normal inspection process. None of the implicated juice has been found in any retail facility.

BLUE RIBBON COMMITTEE MEMBERS

Academics:

(1) Dwayne Banks, UC Berkeley
(2) Alfredo Czerwinski, Sutter/CHS

Providers:

(3) Greg Senegal, Walden House
(4) Gladys Sandlin, MNHC
(5) John Nickens, Progress Foundation
(6) George Monardo, Davies Medical Center
(7) Jennie Chin Hanson, On Lok
(8) Roland Lowe, California Medical Association
(9) Richard Pettingill, Kaiser
(10) Herminia Palacios, M.D. (Ward 86, S.F. General)
(11) Haile Debas, M.D., UCSF, Dean, School of Medicine

General/Finance/Government

(12) Sam Yockey, Retired
(13) Carol Wilkins, Corporation for Supportive Housing
(14) Sue Lee, Mayor's Director of Economic Development
(15) Paul Rosenstiel, MFAC
(16) Marykate Connor, Coalition on Homelessness
(17-18) Representative of State, and of Federal government

Small Business

(19) Earl White, Black Chamber of Commerce
(20) Scott Hauge, Cal Insurance
(21) Gwen Kaplan, Ace Mailing

Labor

(22) Josie Mooney, Service Employees International Union Local 790; S.F. Labor Council
(23) Sal Rosselli, Service Employees International Union, Local 250

Community Colleges

(24) Del Anderson, Chancellor

Insurer

(25) Emory "Soap: Dowell, California Managed Risk Medical Insurance Board
(26) Cora Tellez, Blue Shield of California
(27) Arnold Milstein, Pacific Business Group on Health

President Chow announced that he is appointing Commissioner Harrison Parker, Sr., D.D.S., to serve on the Joint Conference Committee at San Francisco General Hospital.

5) PRESENTATION AND CONSIDERATION OF THE SUSTAINABILITY PLAN FOR THE CITY AND COUNTY OF SAN FRANCISCO

Tangerine Brigham, Director of Policy and Planning, provided the following background information:

> In 1993, the newly created Commission on San Francisco's Environment (the Commission) was charged with drafting and implementing a plan for San Francisco's long-term environmental sustainability. As a first step in reaching this goal, in 1994, the Commission published the first Environmental State of the City Report, which created baseline information which could be used to assess San Francisco on a broad range of environmental policies and practices. Since that time, a community collaborative -- Sustainable San Francisco -- has been formed. The collaborative, which includes the Commission of San Francisco's Environment, the San Francisco Planning Department, Sustainable City and other interested parties, has developed The Sustainability Plan for the City of San Francisco.
>
> Sustainable San Francisco will be making presentations to other health and social services departments within the City and County as part of its attempt to seek broad consensus on this Plan. At a later date, the City and County's new Department of the Environment may request City Commissions to endorse the overall framework of The Sustainability Plan. The Health Commission will therefore have an opportunity to address the issue at that time.
>
> The Sustainability Plan calls for creating a balanced and sustainable social system for all residents. In order to achieve this, environmental issues, economic issues and community development issues must be addressed in an integrated manner. The Commission endeavored to ensure that a broad cross-section of individuals participated in this project -- over 350 institutions and individuals participated. In addition to City departments, businesses, environmental organizations, elected officials and concerned citizens were involved in developing the Plan. The structure of the Plan involved the creation of 15 "City Circles" which addressed specific environmental topics. Overall, there was considerable consensus among the City Circles over the basic attributes of a sustainable society. As such, there was agreement that sustainability required that our economic infrastructure should be improved, our human health needs should be addressed, and environmental issues should take a more prominent role when policy issues are being deliberated.

Janet Jacobs, Executive Director of Sustainable San Francisco, and Beryl Magilavy, President of the Commission on the Environment, gave an overview of the process in developing the Plan. The topics included in the Plan are:

Section I -- Specific Environmental Topics
- Air Quality
- Energy, Climate Change and Ozone Depletion
- Hazardous Materials
- Parks, Open Space and Street Scapes
- Transportation
- Biodiversity
- Food and Agriculture

- Human Health
- Solid Waste
- Water and Waste Water

Section II -- Topics that Span Many Issues

- Economy and Economic Development
- Municipal Expenditures
- Risk Management
- Environmental Justice
- Public Information and Education

Within the Department of Public Health, staff participated on the hazardous materials, human health, water, solid waste, risk management and municipal expenditures' City Circles. For each topic area, the City Circles were asked to state broad, long-term objectives that would be needed to achieve the goals. Third, they were required to specify those objectives which could be met within a five-year timeframe (by 2001). These objectives were meant to be easily quantifiable and feasible. Finally, the City Circles identified actions which would be needed to achieve either the long-term or short-term goals. During the month of June 11996, Sustainable San Francisco held a number of public hearings to receive input on the draft document. Comments from the public hearings were sent back to the City Circles for either incorporation in the final Plan, or to be addressed through other means.

In several respects, this Plan can be viewed as ambitious in both its scope and proposed action plan. Sustainable San Francisco understands that all of the objectives might not be met, however, they believe that it is important for San Francisco to strive to meet these objectives. This Plan is a blueprint and will undoubtedly go through repeated amendments as it is implemented by those City agencies responsible for addressing the goals identified in the Plan. It is hoped that City agencies will adopt the goals and objectives of the Plan if they feel they are appropriate and/or provide the new Department of the Environment with guidance on those goals and objectives which they feel should be modified. Because of the environmental review and other regulatory requirements involved in implementing the actions proposed in the Plan, each action plan will be addressed individually.

As a result of Charter Reform, the City and County will create the Department of the Environment this fiscal year. One of the primary responsibilities of this new department will be to implement The Sustainability Plan. While the Department of the Environment will have the main responsibility for implementing this Plan, it cannot implement this Plan alone. A number of the action plans will require cooperation with other City departments, other State or Federal agencies, and private sector communities. Several of these proposed action plans would require additional funding. The Department of the Environment may look at funding opportunities to implement portions of this Plan.

The Department of Public Health had a number of staff who participated in developing The Sustainability Plan. As part of their work, the Department asked staff to provide summary information describing which proposed action plans might impact the Department, its services or its operations. In addition, staff reviewed the proposed five-year objectives.

For the most part, a number of the proposed actions involved activities which were currently within the Department's scope of services -- we are either performing these activities solely with Department staff or in conjunction with other City or State agencies. In cases where a proposed action might require the Department to engage in new activities, staff have identified those activities and segmented them into two areas: (1) those which would only require Department action, and (2) those which would require the Department to act in concert with another agency(ies).

In general, the Department agrees with the Plan's overall objective to reduce the incidence of illness, disease and injury in our community. However, in order to achieve some of the five-year objectives cited in the Human Health section, the Department might be forced to either reallocate existing resources or seek additional resources.

The Sustainability Plan is available for viewing at the Commission Office.

In general, the Commission expressed support for the planning process and the overall objectives of the Plan but cautioned the group to be realistic in its goals. President Chow pointed out that some of the goals may not be achieved but supported the idea to strive towards these goals.

Commissioner Guy expressed her support for the integration of health and the environment and the facilitation of the input process.

Dr. Hernández stated that the Plan is consistent with the Department's Mission Statement and is committed to work on the Plan collaboratively with the Commission on the Environment.

6) PRESENTATION OF AN OVERVIEW OF FORENSIC SERVICES

Dr. Larry Meredith, Deputy Director for Substance Abuse, Forensics, and Environmental Health and Safety, introduced the staff in the Forensics Division, which provides adult jail health services in the San Francisco County Jails (Attachment A).

As in the community at large, County Jail inmates have a wide range of physical health, mental health and substance abuse problems. For many this is the first non-emergency contact that they have with health care services. The criminal justice system and County Jails serve as the provider of last resort for many who reside in San Francisco. An important function of Forensic Services is to diagnose and treat the health condition, and then, connect or re-connect the individual to appropriate health services in the community for ongoing care.

The full report is available in the Commission Office. A Report on the Health Care Status of Incarcerated Women was also given to the Commission.

Flynn Bradley provided an overview of the demographics of the jail population. Jo Robinson described Jail Psychiatric Services. Dr. Joe Goldenson gave an overview of TB and AIDS services in the jails.

The City and county of San Francisco maintains six County Jails. These jails are located at the Hall of Justice at 850 Bryant (Numbers 1 and 2), San Bruno (Numbers 3 and 7), and next to the Hall of Justice, at 425 - 7th Street (Numbers 8 and 9). County Jail Number 9 is strictly a reception and release facility, with inmates being housed at the other facilities. In addition, a secured, acute care ward is maintained at the San Francisco General Hospital (SFGH) for provision of inpatient services. Ward 7D cares for the more serious medical conditions, and Ward 7L handles psychiatric conditions. The City and County of San Francisco's Sheriff's Department is responsible for the booking, housing, security and release of all inmates confined at these locations.

A second area of responsibility for Forensic Services is to provide comprehensive care to victims/survivors of sexual assault, and their friends and families. The San Francisco rape Treatment

Center (SFRTC) located one block from San Francisco General Hospital, provides a safe and supportive space for adult survivors of rape and sexual assault to receive medical treatment, psychological support and legal consultation, and to begin to regain control of their lives.

Dr. Meredith pointed out the goals and challenges to Forensic Services are a continuous quality improvement program (CQI), the Consent Decree, intensive case management, and TB and other infectious diseases.

The Jail Health Services include medical, nursing, dental, pharmacy, psychiatric services, security wards at SFGH, AIDS services, social work, medical records, substance abuse, and discharge planning.

Dr. Meredith raised the policy issue of treatment on demand and the impact of this policy. Dr. Hernández stated her support for making fundamental investments into drug treatment at the outset; and that we need to be patient in seeing the results of a treatment on demand policy.

Commissioners expressed their appreciation to the staff for an excellent and organized report to the Commission.

7) OTHER BUSINESS

Dr. Hernández requested the Commission to add an agenda item under the following justification: upon determination by a 2/3 vote of the Commission that the need to take immediate action on the item is so imperative as to threaten serious injury to the public interest if action were deferred to a subsequent meeting; and that the need for such action came to our attention subsequent to the agenda being posted.

Agenda item to be considered: Consideration of a resolution authorizing the Director of Health to execute an agreement on an emergency basis with Fisher O'Connell Associates to design the replacement of the hot water system at Laguna Honda Hospital.

Tony Wagner, Executive Administrator of Laguna Honda Hospital, provided the background information.

Action Taken: The Commission (Chow, Barnes, Gadberry, Guy, Monfredini, Parker) added the item to the agenda for consideration.

Action Taken: The Commission (Chow, Barnes, Gadberry, Guy, Monfredini, Parker) approved the resolution for an emergency design contract with Fisher O'Connell Associates to design the replacement of the hot water system at Laguna Honda Hospital.

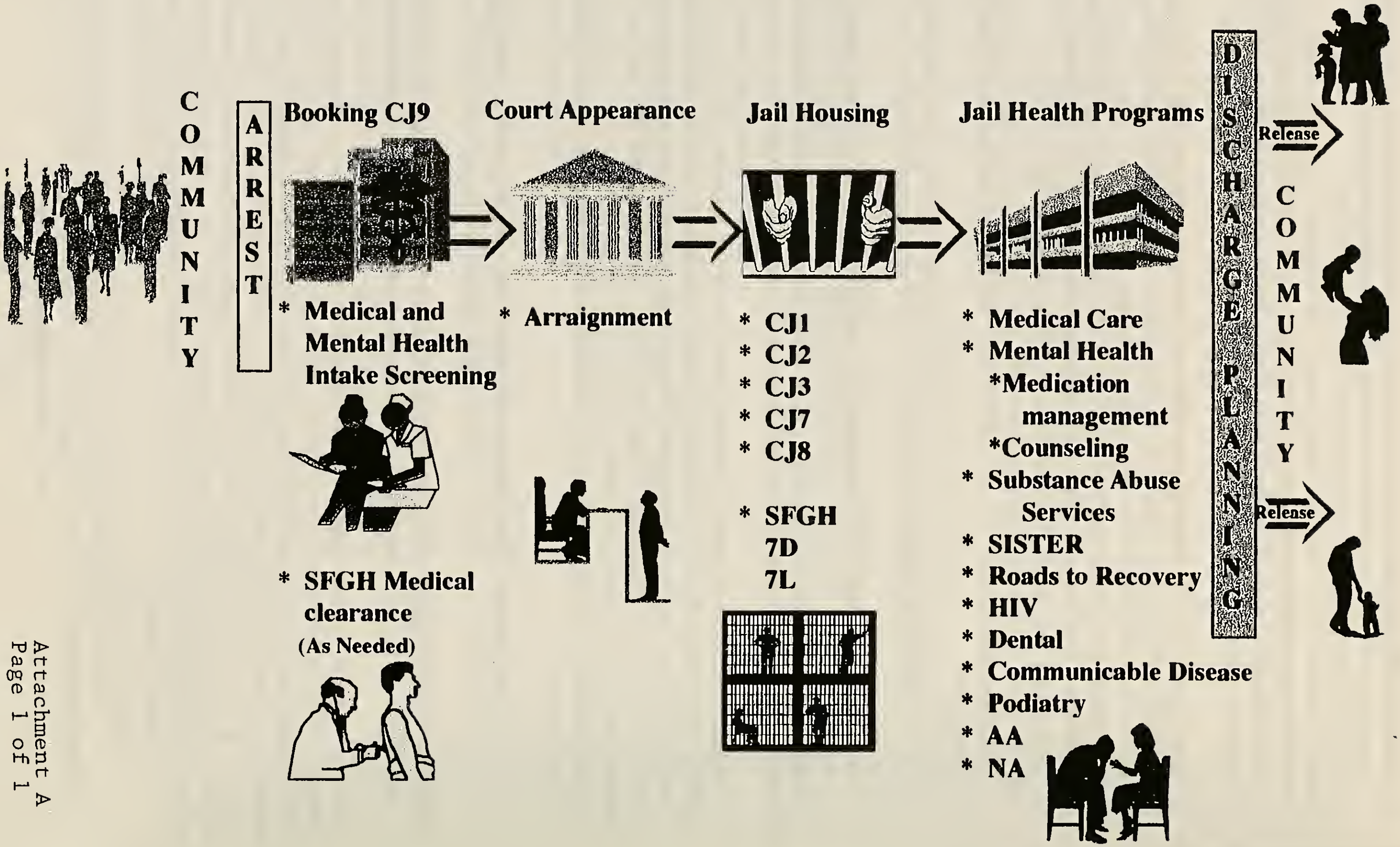
The meeting was adjourned at 5:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

JAIL HEALTH SERVICES



COMMUNITY

ARREST

Booking CJ9

- Medical and Mental Health Intake Screening
- SFGH Medical clearance (As Needed)

Court Appearance

- Arraignment

Jail Housing

- CJ1
- CJ2
- CJ3
- CJ7
- CJ8
- SFGH
  7D
  7L

Jail Health Programs

- Medical Care
- Mental Health
  - *Medication management
  - *Counseling
- Substance Abuse Services
- SISTER
- Roads to Recovery
- HIV
- Dental
- Communicable Disease
- Podiatry
- AA
- NA

DISCHARGE PLANNING

Release

Release

COMMUNITY

Attachment A
Page 1 of 1

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas Lee Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

20

1/19/96

AGENDA

HEALTH COMMISSION MEETING

November 19, 1996
3:00 P.M.
at
Laguna Honda Hospital
Gerald Simon Auditorium
375 Laguna Honda Blvd.
San Francisco, CA 94116

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE MEETING OF NOVEMBER 5, 1996**

3) **CONSENT CALENDAR OF BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) DMSF-MH - Supplemental appropriation request in the amount of $100,000 for suicide prevention. This funding is requested based on an increase in our allocation from the State for additional prevention services.

(3.2) CHS-AIDS - Retroactive contract renewal with Black Coalition on AIDS (BCOA), in the amount of $145,000, for the provision of HIV prevention and education services to the African American community, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with BCOA for services totaling $683,769 during FY 1995-96).

(3.3) CHS-AIDS - Retroactive contract renewal with San Francisco AIDS Foundation (SFAF)/HIV Prevention Project/Prevention Point, in the amount of $337,505, to provide HIV prevention and education services, including syringe exchange services, to injection drug users for the period of July 1, 1996 through June 30, 1997.(DPH contracted with SFAF for services totaling $3,537,875 during FY 1995-96).

101 Grove Street San Francisco, CA 94102

(3.4) CHS-AIDS - Retroactive contract renewal with the Regents of the University of California/SFGH Department of Psychiatry/UCSF AIDS Health Project from the State of California, in the amount of $311,821 for the provision of HIV antibody counseling and testing and services (ATS), for the period of July 1, 1996 through June 30, 1997. (DPH contracted with UCSF for services totaling $10,774,933 during FY 1995-96).

(3.5) CHS-AIDS - Retroactive contract renewal with the Regents of the University of California/SFGH Department of Psychiatry/AIDS Health Project from the Centers for Disease Control, in the amount of $367,204 for the provision of HIV antibody counseling and testing services, for the period of January 1, 1996 through December 31, 1996. (DPH contracted with UCSF for services totaling $10,774,933 during FY 1995-96).

(3.6) CHS-AIDS - Retroactive contract renewal with the Regents of the University of California/SFGH Department of Psychiatry/UCSF AIDS Health Project, in the amount of $94,172, for the provision of mental health services to SFGH Ward 86 patients, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with UCSF for services totaling $10,774,933 during FY 1995-96).

(3.7) CHS-AIDS - Retroactive contract renewal with the Regents of the University of California/SFGH Department of Psychiatry/AIDS Health Project, in the amount of $126,000, for the provision of education and training for providers of HIV and substance abuse services, for the period of January 1, 1996 through December 31, 1996. (DPH contracted with UCSF for services totaling $10,774,933 during FY 1995-96).

(3.8) CHS - Request for retroactive approval for sole source and multiyear contract renewal with Northeast Medical Services in the amount of $250,000 per year, to provide breast and cervical cancer screening, diagnostic and health education services for the period of October 1, 1996 through September 30, 2000. (DPH contracted with Northeast for services totaling $292,180 during FY 1995-96).

(3.9) CHS-TB - Contract modification with UCSF, School of Medicine, in the amount of $1,596,463 for continued operation of the Model Tuberculosis (TB) Prevention and Control Center for the period of December 28, 1995 through January 31, 1998. (DPH contracted with UCSF for services totaling $10,774,933 during FY 1995-96).

(3.10) CPHS - Combined request for approval by the Budget Committee of the Health Commission to apply for and accept and expend a new grant in the amount of $750,000 from the State Department of Social Services to provide family violence prevention activities for the period of December 2, 1996 through September 30, 1999; and a request for sole source approval and two new contracts, one with San Francisco Neighborhood Legal Assistance Foundation in the amount of $87,000 per year to provide professional education and training and one with MOVE (Men Overcoming Violence) in the amount of $104,308 per year to provide classroom and related education, both for the period of December 2, 1996 through September 30, 1999.

(3.11) CPHS - Request for approval by the Budget Committee of the Health Commission to accept and expend retroactively a grant of $72,000 from the Corporation for Supportive Housing (CSH) to support a portion of the cost of an array of primary health care and client-centered treatment and case management services of the Tom Waddell Health Center and three satellite locations for the period of July 1, 1996 through December 31, 1996.

(3.12) CHS - Request for retroactive approval of a sole source contract with North of Market Senior Services, Inc. (NMSS) in the amount of $188,378 to provide health and related services to seniors (those over 60 years of age), who reside in the Tenderloin area North of Market Street in San Francisco, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with NMSS for services totaling $226,143 during FY 1995-96).

(3.13) DMS-CSAS - Retroactive multiyear contract renewal with Chemical Awareness and Treatment Services (CATS) in the amount of $1,811,662 for the first year to provide substance abuse residential, drop-in center and transportation services for the period of July 1, 1996 through June 30, 1997. (DPH contracted with CATS for services totaling $603,307 during FY 1995-96).

(3.14) Administration-Planning - Contract modification in the amount of $458,800 with San Francisco Health Authority for public health services provided to Medi-Cal beneficiaries under Medi-Cal Managed Care, for the period of certification through June 30, 1997.

(3.15) DPH-Central Administration - Review of Department of Public Health's first quarter revenue and expenditures for FY 1996-97.

(3.16) DPH-Central Admin. - Review of Department of Public Health's revised revenues and expenditures for year ending 1995-96.

(3.17) CHS-BEHM - Review and approval of revised fee structure for Department of Public Health permits issued to food establishments and other miscellaneous businesses for FY 1996-97.

(3.18) Approval of Ordinances to enable the Department of Public Health to participate and join membership in the University HealthSystems Consortium (UHC), allowing participation in a Group Purchasing Organization.

4) DIRECTOR'S REPORT
(Dr. Sandra R. Hernández, Director of Health)

5) PRESENTATION OF THE ANNUAL REPORT FOR LAGUNA HONDA HOSPITAL

6) PRESENTATION OF YEAR 3 OF THE 5-YEAR MANAGEMENT INFORMATION SYSTEMS PLAN

7) OTHER BUSINESS/PUBLIC COMMENTS*

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Laguna Honda Hospital's Gerald Simon Auditorium is located on the first floor at the far west end of the building and is wheelchair accessible.

Wheel chair assisted participants arriving by motor car should park in the large main parking lost East of the Hospital, utilizing the East lot wheelchair entrance ramp to the Main Building. Upon entering the building, proceed straight ahead the entire length of the building to the West end of the 5th floor where there is an elevator at the far end of an open air area, take the elevator down to the first floor, where signs will direct you to Simon Auditorium.

Accessible MUNI metro service is available to Forrest Hill Station (K, L, and M lines), transferring to the #89 MUNI shuttle bus from the Forrest Hill Station to the East entrance of the Hospital (10:00 a.m. to 2:45 p.m. only), adjacent to a wheelchair ramp.

Additionally, MUNI bus lines # 36, 43, 44, and 52 serve Forrest Hill Station and are wheelchair accessible, with a s transfer to the #89 MUNI shuttle bus from Forrest Hill Station to the East entrance of the Hospital (10:00 a.m. to 2:45 p.m. only), adjacent to a wheelchair ramp. For more information about MUNI accessible services, call 673-6864.

Parking for wheelchair users is located at the West end of the Main Building parking lot, and also at Clarendon Valley and in the Clarendon East parking lot.

The following services are available by calling 759-2363, at least 72 hours prior to the meeting: assistive listening devices, American sign language interpreters and readers, and large print copy of agenda. Late requests will be honored if possible.

Individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 759-2363 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City accommodate these individuals.

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas Lee Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
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TEL: (415) 554-2666

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PUBLIC NOTICE

HEALTH COMMISSION MEETING

Tuesday, November 19, 1996
3:00 p.m.
at
Laguna Honda Hospital
Gerald Simon Auditorium
375 Laguna Honda Blvd.
San Francisco, CA 94116

AGENDA

Presentation of the Annual Report of Laguna Honda Hospital.

NOTE: The Budget Committee Meeting will also be held at Laguna Honda Hospital at a time specified later.

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2
/19/96

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, November 19, 1996
3:00 p.m.
at
Laguna Honda Hospital
Gerald Simon Auditorium
375 Laguna Honda Blvd.
San Francisco, CA 94116

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:10 p.m.

Present:
Commissioner Debra A. Barnes
Commissioner Edward A. Chow, M.D.
Commissioner Thomas Lee Eades
Commissioner Sharon Gadberry, Ph.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.

2) APPROVAL OF MINUTES OF THE MEETING OF NOVEMBER 5, 1996

Action Taken: The Commission unanimously adopted the Minutes of November 5, 1996.

3) CONSENT CALENDAR OF BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) DMSF-MH - Supplemental appropriation request in the amount of $100,000 for suicide prevention. This funding is requested based on an increase in our allocation from the State for additional prevention services.

101 Grove Street San Francisco, CA 94102

(3.2) CHS-AIDS - Retroactive contract renewal with Black Coalition on AIDS (BCOA), in the amount of $145,000, for the provision of HIV prevention and education services to the African American community, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with BCOA for services totaling $683,769 during FY 1995-96).

> Commissioner Monfredini commended the BCOA Board of Directors for its progress in their reorganization.

(3.3) CHS-AIDS - Retroactive contract renewal with San Francisco AIDS Foundation (STAFF)/HIV Prevention Project/Prevention Point, in the amount of $337,505, to provide HIV prevention and education services, including syringe exchange services, to injection drug users for the period of July 1, 1996 through June 30, 1997. (DPH contracted with SFAF for services totaling $3,537,875 during FY 1995-96).

> Commissioner Eades raised the policy issue of all contractors being requested to provide demographic information for gay/lesbian/bisexual/transgenders. The Commission will request a Department clarification on the implementation of this policy.

(3.4) CHS-AIDS - Retroactive contract renewal with the Regents of the University of California/SFGH Department of Psychiatry/UCSF AIDS Health Project from the State of California, in the amount of $311,821 for the provision of HIV antibody counseling and testing and services (ATS), for the period of July 1, 1996 through June 30, 1997. (DPH contracted with UCSF for services totaling $10,774,933 during FY 1995-96).

> Commissioner Gadberry abstained due to conflict of interest.

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> Commissioner Gadberry abstained due to conflict of interest.

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> Commissioner Gadberry abstained due to conflict of interest.

(3.8) CHS - Request for retroactive approval for sole source and multiyear contract renewal with Northeast Medical Services in the amount of $250,000 per year, to provide breast and cervical cancer screening, diagnostic and health education services for the period of October 1, 1996 through September 30, 2000. (DPH contracted with Northeast for services totaling $292,180 during FY 1995-96).

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Commissioner Gadberry abstained due to conflict of interest.

(3.10) CPHS - Combined request for approval by the Budget Committee of the Health Commission to apply for and accept and expend a new grant in the amount of $750,000 from the State Department of Social Services to provide family violence prevention activities for the period of December 2, 1996 through September 30, 1999; and a request for sole source approval and two new contracts, one with San Francisco Neighborhood Legal Assistance Foundation in the amount of $87,000 per year to provide professional education and training and one with MOVE (Men Overcoming Violence) in the amount of $104,308 per year to provide classroom and related education, both for the period of December 2, 1996 through September 30, 1999.

(3.11) CPHS - Request for approval by the Budget Committee of the Health Commission to accept and expend retroactively a grant of $72,000 from the Corporation for Supportive Housing (CSH) to support a portion of the cost of an array of primary health care and client-centered treatment and case management services of the Tom Waddell Health Center and three satellite locations for the period of July 1, 1996 through December 31, 1996.

(3.12) CHS - Request for retroactive approval of a sole source contract with North of Market Senior Services, Inc. (NMSS) in the amount of $188,378 to provide health and related services to seniors (those over 60 years of age), who reside in the Tenderloin area North of Market Street in San Francisco, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with NMSS for services totaling $226,143 during FY 1995-96).

(3.13) DMS-CSAS - Retroactive multiyear contract renewal with Chemical Awareness and Treatment Services (CATS) in the amount of $1,811,662 for the first year to provide substance abuse residential, drop-in center and transportation services for the period of July 1, 1996 through June 30, 1997. (DPH contracted with CATS for services totaling $603,307 during FY 1995-96).

This contractor's Board and staff are being reorganized.

(3.14) Administration-Planning - Contract modification in the amount of $458,800 with San Francisco Health Authority for public health services provided to Medi-Cal beneficiaries under Medi-Cal Managed Care, for the period of certification through June 30, 1997.

Commissioner Monfredini requested a progress report on this contract modification in the Director's Report in 30 days.

(3.15) DPH-Central Administration - Review of Department of Public Health's first quarter revenue and expenditures for FY 1996-97.

Commissioner Monfredini commented that if this trend continues in the second quarter, cost containment will be necessary.

Commissioner Gadberry stated that better budget planning is needed.

(3.16) DPH-Central Admin. - Review of Department of Public Health's revised revenues and expenditures for year ending 1995-96.

(3.17) CHS-BEHM - Review and approval of revised fee structure for Department of Public Health permits issued to food establishments and other miscellaneous businesses for FY 1996-97.

(3.18) SFGH - Approval of Ordinances to enable the Department of Public Health to participate and join membership in the University HealthSystems Consortium (UHC), allowing participation in a Group Purchasing Organization.

Action Taken: The Commission (Chow, Barnes, Eades, Gadberry, Guy, Monfredini, Parker) approved #3.1, 3.2, 3.3, 3.8, 3.10, 3.11, 3.12, 3.13, 3.14, 3.15, 3.16, 3.17 and 3.18.

Action Taken: The Commission (Chow, Barnes, Eades, Guy, Monfredini, Parker) approved #3.4, 3.5, 3.6, 3.7 and 3.9. Commissioner Gadberry abstained.

4) DIRECTOR'S REPORT

(Dr. Sandra R. Hernández, Director of Health)

REORGANIZATION

Departmental Assignments

I am very pleased to report to the Health Commission that the executive staff and I will begin the very initial step towards implementing the reorganization effort previously presented to you. Effective immediately Bob Prentice will be Director of the newly configured Public Health Division of the Department. In this capacity I have asked Mr. Prentice to make his top priority the development of a fully functional Community Health Services Unit within Public Health. To this end he will convene and chair a management team which will include Jo Ruffin, who will remain the City's Mental Health Director and continue to fulfill all duties of that appointment, and Dr. Larry Meredith in his on-going capacity as Director of Substance Abuse. Keith Hearle will be the Chief Financial and Systems Officer for this Community Health Services, "brokerage" unit. I have also asked Mr. Prentice to identify for that management team, additional programmatic expertise from the appropriate components of the AIDS Office, Maternal and Child Health, and Indigent Care.

Dr. Larry Meredith will serve as the Director of Community Health Promotion and Prevention. During the transition he will continue his efforts in developing a drug treatment on demand model for substance abuse, as noted above.

Dr. Mitch Katz will serve as the Director for Community Health and Safety. Dr. Katz will also continue to serve as the Deputy Health Officer and as the Director of HIV/AIDS, TB and STD's.

Rich Cordova will become Executive Director for the Integrated Delivery System. During this initial transitional period his immediate top priority will be to fully develop the Office of Managed Care, as well as determining the staffing necessary to fulfill the patient services and program integration components of this new IDS. He will also focus on strategic planning for the Integrated Delivery System, including strategic partnership development.

Tony Wagner will serve as the Deputy Administrator for the Integrated Delivery System. He will also report directly to me in regard to AB 1040 planning (Long Term Care Task Force). He will continue to be responsible for all regulatory and licensing matters at Laguna Honda Hospital. Mr. Wagner's responsibilities in the IDS will focus on the integration of all support services, ancillary services, human resources, and quality management programs. In this capacity, Mr. Wagner's top priority will be to assess the opportunity for consolidation of licensing and accreditation. He will continue to provide leadership in the Integrated Delivery System's effort at developing community-based alternatives to long term care.

I want to thank the executive team for being willing to step forward to meet these new and additional assignments. They share with me a strong belief that this reorganization will position the Department optimally for meeting our mission and vision as a Department in light of welfare reform, health care finance reform and marketplace competition.

We anticipate that this reorganization will be evaluated for effectiveness and progress on an ongoing basis and we will be reporting to the Commission and the public as the next phases are crystallized.

I know the Commission will join me in expressing their confidence that these executive managers will ably serve through this 18-24 month transition period and thereafter. You should be aware that all of my central administrative managers will continue to line report to me. These include: Monique Zmuda in her capacity as Chief Financial Officer for the Department, Tangerine Brigham as Director of Policy and Planning and Ed Gazzano as Director of Human Resources. Anne Kronenberg will continue to service as a Special Assistant for External Affairs and will oversee our public relation functions. Gloria Louie will continue in her role as the Manager of Equal Employment Opportunity Programs.

ADMINISTRATION

San Francisco Breast Cancer Summit

In response to reports that the Bay Area has the highest documented incidence of breast cancer in the world, the Mayor convened a successful Breast Cancer Summit November 9 at Yerba Buena Gardens. The Health Department worked closely with the Mayor's Office to plan an exciting agenda which examined the following topics: treatment issues and options, living with breast cancer, breast cancer research and risk factors, environmental concerns, and access to health care. Over 400 people attended the Summit, including advocates, policy makers, researchers, scientists and survivors.

Special thanks to Margine Sako who headed the team from the Mayor's Office, Rebecca Prozan, Martha Cohen and Meredith Fisher . The Health Department team composed of Anne Kronenberg, Kate Monico Klein, Eileen Shields, Sandy Mori, Marianne Sullivan, Michele Arnaudy and Sharon Johnson also receive recognition for a job well done.

St. Luke's Hospital

St. Luke's Hospital hired the Cain Brothers, an investment banking firm, to assist the hospital in making an evaluation of business prospects regarding possible strategic affiliations. The Cain Brothers have already contacted potential affiliates, including DPH, and have indicated that they anticipate having a transaction consummated by March 31, 1997. According to an article in last week's Business Times, Jack Fries, the CEO at St. Luke's, indicated that DPH is a potential partner. However, he also said that St. Luke's is seeking proposals by December 15 from other potential affiliates, including Columbia/HCA and Tenet (which are both for-profit hospital chains) as well as Catholic Healthcare West and Sutter-CHS (which are both non-profit hospital chains).

DPH leadership met with the Mayor and labor two weeks ago to discuss a potential affiliation. The Mayor requested I explore the potential for an affiliation with both St. Luke's and Davies for the development of a healthcare safety net systems for San Franciscans. I will continue to keep you up to date as the discussions for such a public-private partnership begin.

CMA House of Delegates

The President of the San Francisco Medical Society informed me last week that I have been elected to serve as an alternate to the California Medical Association House of Delegates. The appointment is for a two-year term, through 1998.

Update on the 101 Grove Street Move

The Department continues to work with the Department of Public Works and Real Estate Departments to coordinate and plan for the renovations of the 101 Grove Street building and the relocation of administrative and laboratory functions to alternate sites. As reported earlier, the Bureau of Environmental Health will permanently relocate to Fox Plaza, directly across the street from our administrative building. The Contracts Unit will permanently relocate to 1380 Howard Street, where the Division of Mental Health, Substance Abuse and Forensics is housed. The Bureau of Vital Statistics will temporarily relocate to 1155 market Street (near 8th Street) during the renovations.

The Laboratory and the rest of the Department's administrative functions will relocate to the Presidio's LAIR Building. We remain in negotiation with the National Park Service for this space. The move is expected to take place during the last week of August 1997.

Currently we are evaluating sites to house the Tom Waddell Clinic. The Real Estate Department is pursuing potential sites on Grove Street, adjacent to the 101 Grove Street building, now occupied by the Arts Commission. One of the parcels is a seismically unsafe building, which would be raised. The other is a parcel of vacant land, which would require leveling. In addition, we are reviewing the possibility of using a parcel located on Van Ness Avenue, between Lech Walesa and Grove Street. This site also is seismically unsafe and would need to be demolished. All of these properties are City owned. We would place temporary medical trailers on the areas for use by the Clinic until 101 Grove seismic retrofit is completed, if the Real Estate and Bureau of Architecture determine the sites are feasible. The Department will work in consultation with these departments and the Art Commission to receive temporary approval to use these sites. I will continue to keep the Commission informed as we progress with this project.

WELFARE REFORM

Prenatal Care to Undocumented Women

I am pleased to report that on November 13, 1996 the San Francisco Medical Society hosted a press conference on the continuation of prenatal care to undocumented women. In support of the continuation of prenatal care to this population, the Department of Public Health, the San Francisco Medical Society, the Hospital Council and the San Francisco Community Clinic Consortium pledged their commitment to continue providing pregnancy related services to all pregnant women, regardless of their residency status. This collaborative move on the part of San Francisco providers is intended to assure a citywide standard of care to expectant mothers which includes family planning, prenatal care, labor and delivery and post-partum care.

On the same day, a complaint was filed in San Francisco Superior Court seeking to stop the State Department of Health Services from implementing their "emergency regulations" for terminating prenatal care and post-partum care for undocumented women. The City and County of San Francisco is a petitioner in this lawsuit. As plaintiffs' we contend that the State does not have sufficient basis for implementing these regulations on an emergency basis. The State has proposed to implement these regulations effective December 1, 1996. In addition to questioning the emergency nature of these regulations, plaintiffs also contend that prenatal care is critical to the health and well-being of expectant mothers and their unborn children. A hearing on this motion is scheduled for Friday, November 22, 1996. As a result of this legal filing, the State has instructed counties to continue providing pregnancy-related services to undocumented residents. The State has instructed counties not to send any notices to beneficiaries or providers regarding the elimination of these services.

Medi-Cal Managed Care

As reported previously, a statewide coalition has been formed to address outstanding reimbursements for Federally Qualified Health Centers that participate in Medi-Cal managed care. Under the State's proposal, the Local Initiatives and Commercial Plans are financially responsible for ensuring that FQHCs receive their interim rate reimbursement. However, numerous counties have documented that the capitation rates offered to health plans is not sufficient to cover interim rate reimbursement for FQHCs. The health plans are proposing the State be responsible for interim rate reimbursement during the critical transition period from fee-for-service to capitation. After several meetings and conversations with the State, the State has indicated that they are willing to review their policy regarding the payment methodology for FQHCs participating in Medi-Cal managed care.

Presently, the affected Local Initiatives, Commercial Plans and FQHCs are preparing a written document for the Director of the Department of Health Services documenting the negative implications of the current payment methodology and why it should be changed. Constituents of this coalition will be meeting tomorrow with Health Care Financing Administration (HCFA) Director, Bruce Vladek, to discuss our concerns with respect to the FQHC payment methodology and to update HCFA on our progress in working with the State to rectify this issue. I believe it is vital that HCFA be kept informed about these discussions given that they are currently reviewing the State's revised capitation rates. HCFA is also required to conduct on-site readiness reviews in each county prior to the implementation of Medi-Cal managed care.

Mayor's Blue Ribbon Committee on Universal Health Care

The Committee held its first meeting on Friday, November 15. Most of the members were in attendance. In addition to general introductions and discussions of the task that the Mayor had assigned to the Committee, there was a presentation by the State Health Purchasing Insurance Pool

(HPIC). The HPIC is one model for how we might go about increasing health coverage for San Franciscans.

DIVISION OF MENTAL HEALTH SERVICES

Mental Health Rehabilitation Facility Status Update

An Open House for families and friends of prospective residents of the MHRF was held Tuesday evening October 29, 1996. MHRF staff gave guided tours of the facility and answered questions and concerns raised by family members. The Open House served as an additional measure to help ease the transition from current L-Facility placement to relocation in the MHRF. As of November 13, the MHRF had a total of 29 residents.

A delegation of 12 Psychologists and Psychiatrists from Kobe, Japan, visited the Mental Health Rehabilitation Facility on November 15, 1996. Their visit was coordinated by Reiko True, Ph.D., retired from DMS, who is currently in Japan working on a project aiding victims of the aftermath of the earthquake.

State Department of Mental Health (DMH) Cultural Competence Task Force

The State Department of Mental Health instituted a Cultural Competence Task Force to advise the Department on how to incorporate cultural competence needs in the managed care policy development process. Tina Yee, Ph.D., has been invited to be a member of the task force.

Cultural Competence and Mental Health Summit IV, November 6-7, 1996, San Diego, CA.

The theme of this year's Cultural Competence and Mental Health Summit IV, was "Merging Policy and Practice: Implementing a Culturally Proficient System of Care". The Summit is a statewide effort co-sponsored by the California Institute for Mental Health, DMH and Counties. A workshop on "Prevention and Early Intervention: New Challenges in Public Managed Mental Health Care ", was presented by Tina Yee, Ph.D,. and Debbie Torres, LCSW, of San Mateo County. The workshop focused on comprehensive community prevention models and primary care interface.

SAN FRANCISCO GENERAL HOSPITAL

Castle Peak Hospital - Hong Kong

The Hong Kong Hospital Authority has invited Phyllis Harding, Sr. Associate Administrator, to consult on the Phase II Redevelopment of Castle Peak Hospital, a large mental health facility which has been facing overcrowding problems. This phase of the project will include the inclusion of a central garden, sub-acute units, adolescent units, forensic units, and substance abuse detoxification units. Her assistance was requested due to the experience gained in the management of the Mental Health Rehabilitation Facility design and construction as well as the development of the Acute Detoxification Unit at SFGH.

Hospital Emergency Incident Command System {HEICS}

On November 12 and 13, 120 members of the SFGH Management Forum attended orientation and table top drill sessions on the Hospital Emergency Incident Command System. HEICS provides a unified language and management structure to be used whenever the emergency response plan is activated. These HEICS sessions incorporated many components of the SEMS training as mandated by the Petris Bill. Paul Russell, RN, EMS Disaster Specialist from Orange County was the primary instructor. Mr. Russell is the principal author of HEICS, which converts the Incident Command System developed for use by the Fire Service into a hospital/health care focus. Next steps for the HEICS implementation at SFGH include: converting the SFGH Emergency Response Plan into HEICS format, adding HEICS to the mandatory annual education classes, providing medical staff focused training and planning both functional and table top drill exercises for all levels of staff to further develop incident command system skills. The sessions were very well received by participants and provided a forum to share common problems and solutions to disaster preparedness at SFGH. The HEICS implementation team includes: Dr. Marshall Isaacs, Kitty Mah, RN, Susan Gearhardt, RN, Ann Stangby, RN, Renee Powers and Chris Wachsmuth, RN.

Paramedic Pete Howes Recognized

On October 23 Paramedic Pete Howes, the Division's Public Information Officer, was honored by the Golden Gate Breakfast Club for service above and beyond the call of duty . This is an annual award bestowed upon a staff member of one of San Francisco's public safety agencies. The Golden Gate Breakfast Club is an organization of business, public and professional leaders. Paramedic Howes is a 13 year veteran of the Paramedic Division who has served as a field medic, C-MED dispatcher, active sub-committee leader for the EMS Reconfiguration project, and currently as public information officer and community liaison for the Division.

Diversion Statistics

Critical care diversion for the period November 1 through 17, 1996 was 19.4%, or 79 hours. Emergency Department diverted for 1.2%, or 4 hours and 55 minutes.

EPIDEMIOLOGY, DISEASE CONTROL & AIDS

Protease Outreach Program

This week, the AIDS Office, launched a "protease outreach program" to provide support to HIV-infected clients who are being treated with protease inhibitors and other antiretroviral drugs.

The advent of protease inhibitors has dramatically changed the landscape of AIDS care. Patients begun on protease inhibitors, along with other antiretroviral medications, commonly experience marked improvement in their immune function and feel better. Unfortunately, these drugs can be complicated for patients to take. Multiple doses are needed each day, and resistance to the these agents develops rapidly if doses are missed. The drugs also have dangerous side effects when combined with other treatments.

To enable patients to fully benefit from these medications, AIDS Office staff will work with clients on developing an individualized plan to help them remember when to take their medication. Home visits will be made and patients will be given education and counseling.

This is believed to be the first program of its kind in the nation. The staff providing the service are volunteers from the AIDS Office, Surveillance and Seroepidemiology Unit. Dr. Sandy Schwarcz, Chief of AIDS Surveillance, is administering the program.

BUREAU OF ENVIRONMENTAL HEALTH

Childhood Lead Poisoning

On October 15, 1996, the Board of Supervisors passed the Childhood Lead Ordinance, amending the San Francisco Health Code, Article 26, Part II, Chapter V, of the San Francisco Municipal Code, by renumbering sections 1600 to 1640, and adding new authority for the Director of Public Health: to issue nuisance abatement orders against defined lead hazards; to require posting of lead hazard information by landlords and home improvement stores; and, to strengthen the Department of Public Health's management of elevated blood lead level children through treatment and public education.

Ceramic Press Conference

A press conference was held at the Chinatown Health Center on November 7, 1996 to warn consumers about a specific ceramic tea set which has entered the marketplace in San Francisco and poses a potentially severe public health risk. The interior surface of the **Xi Xing Blue Crackled** tea cups has been found by the Federal Food and Drug Administration to leach high levels of lead, cadmium, and barium. Enforcement authority is being delegated by the State Department of Health Services to San Francisco to ensure that the ceramic ware is removed from sale. The Bureau of Environmental Health staff is conducting a comprehensive survey of all retail shops in the area. Individuals who currently own these cups are encouraged to return them to the store where they were purchased for a replacement or refund, as authorized by the California Product Safety Law.

San Francisco Bay Oil Spill

An oil spill involving a reported 8,000 gallons of bunker fuel occurred on October 28 at Pier 70. The spill was released from tanks of the M/V Cape Mohican while being repaired at the S. F. Drydock Co.. The U.S. Coast Guard and the California Department of Fish and Game were designated as the agencies responsible for the cleanup of the spill. The S. F. Office of Emergency Services acted as the City's point of contact for the spill. DPH provided the Poison Control Center as a source where the general public could call to ask questions about the public health hazards from exposure to the oil.

The U.S. Coast Guard and the California Department of Fish and Game completed the cleanup from the spill last week. The Coast Guard and Department of Fish and Game will continue to have a presence at Pier 70 to direct additional cleanup as needed. BEHM staff consulted with the California Department of Health Services, Office of Environmental Health Hazard Assessment, to ascertain whether warning signs for fishing were needed. BEHM staff attended the Multi-Agency Coordination Meetings and Town Hall Meeting at Fort Mason.

FORENSICS

Accreditation Survey

As a follow-up to the accreditation survey, conducted October 31 and November 1, 1996, Dr. Tracy Thompson, a California Medical Association physician surveyor, conducted on November 6, 1996 a comprehensive review of the Forensic Services Division's electronic medical record system. Dr. Thompson concluded that the division possessed an excellent medical records system, and that health care personnel utilized the system to accurately document patient care activities and outcomes. The division is currently awaiting formal notification of its accreditation by the CMA.

OCCUPATIONAL SAFETY AND HEALTH PROGRAM

Emergency Preparedness Evacuation Drill

The October 24, 1996 evacuation drill for the 101 Grove facility was successfully completed, even though inclement weather resulted in the last minute relocation of the check-in and medical team sites. This drill offered some new challenges to building occupants and the emergency response team members, including having the front entrance blocked, which required occupants to locate and use less familiar exits. The building evacuation and accounting process was completed in seventeen minutes, which is only one minute longer than the April 18, 1996 evacuation drill. During this drill, floor monitors had the opportunity to conduct simulated floor sweeps, and located three staged "victims". The newly formed medical team set up four medical treatment units and a morgue and correctly triaged 19 of 20 simulated injuries. For the first time, occupants and clients of the Tom Wadell Clinic, led by Acting Nurse Manager Jean Balibera, participated in the drill and did an excellent job accounting for staff.

We continue to make great improvements in our emergency response skills and our ability to care for each other in the event of a major disaster. I want to take this opportunity to thank all staff who have volunteered to be part of our emergency response teams.

Air Quality Issues at Moscone Center

Staff from the Occupational Safety and Health Program have been working with Moscone Center, Crawford Risk Control Services and the State Department of Health Services to evaluate potential exposures to vehicle exhaust during set-up of shows at the Moscone Convention Center. Preliminary air monitoring results did not show any exposures to carbon monoxide which approached or exceeded exposure limits. However, further evaluations are scheduled for early January, and strategies to minimize exposures are being developed.

October statistics are available at the Commission Office.

5) PRESENTATION OF THE ANNUAL REPORT FOR LAGUNA HONDA HOSPITAL

After introducing members of his Executive Staff, patients and their caregivers, Tony Wagner, Executive Administrator, presented the Annual Report which included the following areas:

- Mission Statement
- Strategic Planning
- Clinical and Operational Highlights
- Financial Performance
- Continuous Quality Improvement
- Major Hospital Achievements
- Facility Master Plan
- Future Directions

Mr. Wagner's written statement gave an overview of the hospital's activities for FY 1995-96 (Attachment A).

A copy of the full report is available in the Commission Office.

Commissioners expressed their appreciation to all of the staff at Laguna Honda Hospital and for the outstanding Annual Report.

6) PRESENTATION OF YEAR 3 OF THE 5-YEAR MANAGEMENT INFORMATION SYSTEMS PLAN

Monique Zmuda, Chief Financial Officer, and MIS staff, presented an update of Department of Public Health's Management Information Systems (MIS) implementation project, (Attachment B). The report identified the management progress made to our information systems from 1994 to the present time, and patient confidentiality and data governance procedures which have been identified for our new information systems. The report also summarizes future plans for new systems which the Department plans to fund and develop within the next three years.

Exhibits in the report included the prior Health Commission policy supporting our management information systems program, charts which depict our management information systems infrastructure and data exchange systems, a list of project milestones, a 5-year management information system plan and budget, and the existing and future implementation structure for management information systems.

Commissioners' comments:

- Any MIS system has to have strict standards for confidentiality.
- Concern expressed on training of staff and support staff to the clinics for training.
- Question of the possible integration of the REGGIE system (AIDS system) into the Departmentwide MIS system.
- Report gives a comprehensive overview of MIS program.
- Concerns for computer downtimes. Downtime procedures and training are in place.

7) OTHER BUSINESS

Commissioner Eades requested an update on retroactive contracts and an update on the Department's Contract Streamlining Process.

Commissioner Eades raised the issue of proposed cuts in AIDS services due to less funding from the CARE funds.

The Department will be requested to follow up on these requests.

The meeting was adjourned at 5:05 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (2)

MESSAGE FROM ANTHONY G. WAGNER
LAGUNA HONDA HOSPITAL EXECUTIVE ADMINISTRATOR

As an integral part of San Francisco's Department of Public Health (DPH), Laguna Honda Hospital and Rehabilitation Center (LHH) provides inpatient long-term care and rehabilitation services to residents of San Francisco. In addition, the Hospital offers outpatient services through the Adult Day Health Center and the Outpatient Rehabilitation Program and also provides a neighborhood Senior Nutrition Program. During fiscal year 1995-96, Laguna Honda Hospital had an average census of 1178 patients, representing 431,258 days of care, provided 114,434 days of Adult Day Health Care to an average daily census of 58 participants, and served 10,110 nutritious lunches to seniors in the community.

To adjust to the ever changing marketplace and fiscal realities of the health care system, Laguna Honda continues to amend its strategic goals and objectives. Two goals were modified during the fiscal year 1995-96. In light of changing legislative and fiscal environments, the financial goal was modified to focus on LHH's being "financially viable, efficient and cost competitive." In addition, the Hospital continued to review its need to replace an appropriate number of beds at the current Laguna Honda Hospital site and revised its plan to "provide adequate facilities to accommodate the continuum of long-term programs." Progress toward these two modified goals, as well as the three remaining goals relating to quality of care, residents' quality of life and participation in DPH's reorganization, is ongoing.

The staff at Laguna Honda has maintained the quality of care provided during a most difficult year. Our residents have increasingly complex medical issues requiring additional time and attention by all of our staff. We have also increased the number of residents at LHH, responding to additional demand for our services. Importantly, the Hospital has continued to achieve recognition of outstanding service in programs developed for special needs. The Head Injury Day Treatment Program, one such special program, was recognized this past year by the State Department of Health Services as a "Best Practice" in a nursing facility. Improving efficiency has also been a major goal of all departments during this past year. Examples of efforts to improve efficiency were seen throughout the Hospital, including the joint efforts of Nursing and Medicine in developing care guidelines on "when to call the physician."

Monitoring the quality of care provided at LHH continued to be accomplished through several mechanisms. Most important of all is the hospital-wide quality improvement program. Using internal data, comparable information from other institutions and outside professional standards, staff relates our performance outcomes with that of other institutions and professional standards. Often, LHH outperforms established quality of care standards. Issues of special concern or study are identified through the quality improvement program and appropriate improvement goals are established. After devising a plan, and implementing the change, ongoing monitoring is established to assure that change has resulted in the desired effect. Another mechanism for identifying opportunities for improvement is the use of client satisfaction questionnaires. These questionnaires, completed over a twelve month period, provide information to staff from the perspective of the "customer." The annual State of California Licensing and Certification survey provides an opportunity for outside surveyors to evaluate the Hospital's compliance with State and Federal regulations, which have increasingly focused on resident rights and quality of life. During fiscal year 1995-96 LHH successfully completed the survey and the Hospital received the renewal of its certification to provide services to MediCal and MediCare recipients.

LHH recognizes its important role in providing continuing education to all of its employees. With the increasing numbers of older individuals who will require multidisciplinary care in the future, all healthcare workers will need special geriatric training and skills. Such training can be partly provided at LHH, where staff integrate on-the-job training into the patient units as well as attend various in-service training sessions. Staff participate in educational conferences at LHH, including special symposia co-sponsored with academic programs. They attend outside professional meetings and have computerized access to libraries and educational programs. During the past year, LHH staff have contributed to the literature of long term care and have made presentations which have advanced the knowledge base for long-term care.

During fiscal year 1995-96, LHH staff has worked in collaboration with the Department of Public Health and City and County's Controller's Office to develop a more comprehensive reporting system that would monitor and evaluate financial results on a more frequent basis and relate operational results to the actual budget. Internal controls were strengthened and efforts were made to maximize our billing and collection efforts from State and Federal agencies. These efforts have resulted in a more reliable reporting system and more predictability regarding fiscal performance.

As the Department of Public Health moves toward integrating the various services provided, LHH staff have continued to participate in various department-wide activities including development of a computerized lifetime clinical record, the standardization of formularies, the development of practice guidelines and the DPH organizational restructuring process.

The continuing support and hard work of our staff and the implementation of needed changes during this busy year have allowed LHH to be more prepared for the future and better able to deal proactively with change.

Management Information Systems

Department of Public Health, City and County of San Francisco
1380 Howard Street - Third Floor, San Francisco, CA 94103 (415) 255-3600

Department of Public Health
Management Information Systems
Implementation Project
San Francisco Health Commission Update
Executive Summary as of 11/19/96

Background

In August of 1994, the Department of Public Health finalized the first phase of Management Information Systems planning to address the emerging data processing needs relating to the movement toward a Managed Care method of healthcare reimbursement and development of an Integrated Delivery System. The San Francisco Health Commission subsequently approved this program plan in Resolution 13-94 (Exhibit A, attached) which acknowledged the critical role of information systems in the establishment of a comprehensive, integrated, cost-effective delivery system focusing on prevention as well as direct patient care.

In the same time frame, the Department entered into a contract with Shared Medical Systems (SMS) as the principal vendor of software systems and implementation services required to provide the integrated clinical, financial and administrative systems necessary for the transition to a competitive Managed Care environment. This vendor worked closely with the Department to develop a plan which maximized involvement of existing information systems personnel, key clinical and non-clinical users and a Local Minority Vendor (System Support Technology) resulting in the finalization of an Enterprise Data Network Model (Exhibit B), an Integrated Software System Model (Exhibit C), and a comprehensive Project Management Committee Structure (Exhibit D).

In addition, at the request of the San Francisco Board of Supervisor's Budget Committee, the Department engaged a professional third party healthcare informatics consultant (Superior Consultant Co.) through the CCSF Controllers Office to conduct a full Performance Review of the project. Although this Performance Review is presently underway, initial findings indicate a project success rate in excess of that achieved by other organizations attempting implementations of similar scope and organizational complexity.

Progress to Date

Since the inception of the implementation effort, several concurrent project teams have been fully engaged in project activities relating to the analysis, design, building and implementation of the data network infrastructure and the needed software applications. An Executive Summary of Major Project Milestones relating to contracted services is presented in Exhibit E, and these as well as other advances accomplished by Departmental resources may be summarized as follows.

- Designed, built and implemented an Enterprise Data Network Infrastructure linking all DPH sites as well as the SMS Data Center in Malvern, Pennsylvania.
- Transitioned IBM Mainframe operations to the SMS Data Center in Malvern, PA. via the Remote Computing Option.
- Implemented DPH-Wide Electronic Mail on the network.
- Implemented CCSF On-line FAMIS on the network.
- Implemented On-line Medi-Caid Eligibility verification.
- Transitioned all District Health Centers to Signature.
- Implemented Orders Processing at SFGH.
- Designed, built and began implementation of an on-line Lifetime Clinical Record for patients.
- Implemented Unique Patient Identifier software.
- Installed and implemented Outpatient and Inpatient Pharmacy systems at SFGH.
- Implemented Managed Care systems for the PHO, and Mental Health.
- Installed over 700 personal computers on the network at Inpatient and Ambulatory Care sites.

It is anticipated that remaining tasks needed to finalize all project deliverables will be completed through Fiscal Year 1996. It should be noted that project teams continue to work effectively to define creative and sophisticated uses of the currently implemented systems.

Patient Confidentiality and Data Governance Procedures

The Department has established patient confidentiality and data governance procedures to insure that patient specific information is protected and access is strictly monitored. We believe that effective and efficient care of patients requires that providers have access to patient information at the time care is provided. At the same time, access to patient information will be restricted to persons with a need to know. Accordingly, the following procedures and practices have been adopted by the Department:

- When patients consent to treatment, they are informed that information will be available to staff and affiliate of the Community Health Network via computer. Consent Treatment forms have been amended to include the sharing of relevant patient information among providers.

- Providers will access only information required to provide care. All providers and staff with access to patient information sign a confidentiality agreement prior to receiving access. Non-compliance is grounds for disciplinary and legal action against staff who violate the procedures.

- Patient information from substance abuse programs are not available to other providers, consistent with federal laws.

- The sharing of patient information from mental health sites is limited. Information on the content of therapy sessions and progress notes is not available. Information in discharge summaries from PES and acute inpatient units at SFGH is available on line to other Network providers. No other discharge summaries within the Community Mental Health System is available on line.

- Patient information from Jail Health Services may be shared with other providers in the Community Health Network. Criminal histories are not available to any provider.

- Information from the Sexually Transmitted Disease Clinics are not available through the computerized systems to preserve public health assurance functions.

- Patient information from the Rape Treatment Center, Child and Adolescent Sexual Abuse Resource Center (CASARC) and the Employee Assistance Program is not shared because of the sensitive nature of the services.

- Information on Clinical lab results is available within the computerized lifetime clinical record. However, HIV status is not available via the computer.

- Patients have the right to know who has been accessing their clinical information. Patients are informed of this right through the consent form.

- Audits on accessibility and use of patient information is an ongoing function within the Community Health Network. Staff within the Quality Assurance Unit of the Community Health Network is designated to perform the audits, and investigate and report irregularities in accessing patient information.

The procedures have been reviewed by the City Attorney and are consistent with existing Federal & State laws on confidentiality.

Next Steps

As the result of finalizing the deliverables associated with the first phase of the systems plan, a view toward the future emerged which emphasized building upon the current foundation to achieve greater capabilities in the use of clinical as well as administrative systems. This view is encapsulated in the proposed contract modification with Shared Medical Systems which proposes the acquisition of Clinical Workstation technology, a Decision Support System, and professional services needed to support the expanded suite of information systems while transitioning this effort to Departmental resources who have been fully engaged in aspects of the current implementation project. A Summary Timeline Graph (Exhibit F) indicates the projected completion of these activities to extend into the next fiscal year resulting in the following Departmental information systems capabilities.

- Clinical Workstations will provide for Physician Order Entry, Clinical Alerts and Reminders, On-line Progress Notes and Clinical Documentation.
- Decision Support will provide the ability to perform clinical and financial analysis on data originating from any external data source.

- Professional services for system support will insure that existing information systems function in an optimal manner while DPH staff are fully trained in this new technology.

It is anticipated that current workgroups will continue to function as existing systems are brought to full production status as well as beginning the design activities needed to define the role of new technology in administrative and clinical information systems.

In addition, a major planning emphasis will be placed on the needs of the new Public Health Division which will focus on the definition and development of information systems required for this critical area. A feasibility study and needs analysis will be conducted this fiscal year. It is likely that these systems will provide the capability to synthesize data from any external source and perform comparative analytical tasks to aid the management of public health care and provide a solid foundation for future planning efforts. A major grant proposal regarding Public Health database and reporting system has been submitted to the California Endowment which, if approved, will fund an M.I.S. system to link existing population specific databases relating to the incidence of diseases within San Francisco communities.

Finally, in response to the Strategic Planning Process now underway at the Department of Health, a new Executive Oversight and Project Management Committee Structure has been defined (Exhibit G) which will balance the representation among the new Divisions of Integrated Delivery System, Central Administration and Public Health. This committee structure will insure that those needs which are held in common between the Divisions are optimized for shared resources while promoting the development of information systems, strategic plans and projects which more closely meet the particular needs of each Division. The Department-wide Executive Oversight Committee will insure that these plans and needs are synthesized into a view which will represent the overall strategic direction of the entire Department.

Summary of System Implementation Activities

- Enterprise Data Network Infrastructure. This project provides the "Electronic Highway" which links all provider and administrative sites on a high speed data network capable of supporting thousands of workstations. This network, composed of computers, routers and fiber optics is the principle mechanism for the exchange of data from any location.
- Remote Computing Option. Rather than investing in expensive Mainframe Hardware, the Department utilizes this service provided by Shared Medical Systems whereby many major software systems are run out of the SMS Data Center in Malvern, Pennsylvania. These are accessed via the Enterprise Network which has redundant, high speed data lines to the East Coast. This service also provides the Department with a "Hot Back-up" site which greatly enhances disaster recovery procedures.
- Electronic Mail. All DPH sites with the appropriate personal computer configurations are linked via Electronic Mail which runs on the Enterprise Network. This system also provides E-Mail capability to the Internet.
- On-Line FAMIS. This project provides an on-line version of the CCSF Financial Accounting Management Information System. Run from the CCSF Data Center at One Market Plaza, and accessed via the DPH Enterprise Network, this system allows all DPH fiscal offices access to the City's General Ledger System.
- Medi-Caid Eligibility. The Healthcare Data Exchange (HDX) provides on-line access to the Medicaid eligibility system in Sacramento, CA. Upon registration, a query is sent via the Enterprise Network for eligibility status, which appears on the registration screen by the time this process is completed.
- Signature. All CPHS sites have been transitioned from an obsolete billing system to this new Ambulatory Care system. With the consolidation of Departmental patient billing offices, this system has greatly enhanced registration, scheduling and charge capture.
- Orders Processing. This project allows for the on-line submission of clinical orders to Departments such as Radiology, Laboratory and Pathology. This system has been implemented with Point of Service charge entry to eliminate manual order and charge slips.
- Lifetime Clinical Record. This on-line patient care database was designed by DPH Physician Liaisons and clinical teams to provide a historical record of patient care throughout the Enterprise. This database also contains a Master File of all immunization tracking data for the Department.
- Enterprise Access Directory. This application provides a unique patient identifying number for all patients as well as the ability to track patient encounters across the Continuation of Care.
- Pharmacy. Both the Outpatient and Inpatient Pharmacy systems have been replaced by state-of-the-art systems. Outpatient is currently in production, and Inpatient is scheduled for live production in January. This system will include the implementation of the Baxter Sure-Med system for the automated dispensing and tracking of controlled drugs.

- Managed Care. The Diamond Managed Care System has been implemented for the PHO and Mental Health Services as well as the S.F. Health Authority. This system fulfills all administrative Managed Care needs for Enrollment, Eligibility, Benefits, Claims Payment and Authorizations.
- Personal Computer Installation. Over 700 personal computers have been installed at both Inpatient and Ambulatory Care sites for access to clinical systems via the Enterprise Network. The DPH end user hardware complement now stands at over 3,000 personal computers and terminals and over 1,000 printers dispersed over 300 different geographical locations.

Summary of New Systems and Services

- Clinical Workstations. This project will build upon the existing patient databases contained in the Lifetime Clinical Record and Enterprise Access Directory to provide Physicians, Nurses and Clinicians with advanced personal computer technology used to manage patient care data. The clinical workstation product provided by Shared Medical Systems will provide the ability for Physicians to place clinical orders on-line and to directly input text Progress Notes into the Lifetime Clinical Record where they are immediately available throughout the Enterprise. In addition, clinical alerts and reminders for treatment plans are available and tailored to the particular practice style and other types of clinical documentation such as Nursing Discharge Summaries can be easily entered and accessed. Finally, the point and click Windows-based technology will allow for exceptional graphic display of longitudinal patient data and allow the utilization of any number of personal computer based software packages for data analysis and display.

- Decision Support. This project will provide the systems to support an organization-wide approach to business analysis. The SMS product known as Management Solutions has the ability to combine data from any external source for purposes of comparative and strategic analysis. A set of sophisticated analytical tools assists Financial planning in the areas of cost analysis, contract compliance and financial modeling. Service delivery planning is augmented through variance analysis, provider profiling and departmental service reviews. Strategic planning is facilitated through the ability to set up comparative standards with any external data set, financial forecasting, and revenue scenario projections. This application will be accessible from any Departmental location via the Enterprise Network.

- Professional Services. In order to insure that currently implemented systems are operated in an optimal fashion, an on-site staff complement of 5 FTE provided by Shared Medical Systems will be in place while DPH staff are fully trained in the support of new systems. Although Departmental staff have worked closely with SMS staff in the current implementation effort, this work has been focused toward meeting project deliverable timelines. With implementation efforts now reaching a conclusion, staffing patterns will be re-engineered to reflect the new Department organization and the expanded set of training tasks necessary for systems support activities. The degree of contracted support services may re-assessed on an annual basis.

DC1021A

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas Lee Eades
Commissioner

haron Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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AGENDA

HEALTH COMMISSION MEETING

December 3, 1996
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:45 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE MEETING OF NOVEMBER 19, 1996**

3) **CONSENT CALENDAR OF BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) CHS-AIDS - Update on a monitoring report for a renewal contract with the National Task Force on AIDS Prevention Kommunities of Kolor United Against AIDS (KOKUA) Collaboration, in the amount of $1,135,177 for the provision of psychosocial and prevention services.

(3.2) CHS-AIDS - Retroactive renewal contract with Planned Parenthood Golden Gate, in the amount of $55,162, for the provision of HIV/AIDS prevention and education for women, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with Planned Parenthood Golden Gate for services totaling $151,732 during FY 1995-96).

(3.3) CHS-AIDS - Retroactive renewal contract with the San Francisco AIDS Foundation (SFAF), in the amount of $357,850, for the provision of Emergency Housing, Rental Subsidies and Telephone Hotline services, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with SFAF for services totaling $3,537,875 during FY 1995-96).

4) **DIRECTOR'S REPORT**
(Dr. Sandra R. Hernández, Director of Health)

5) **CONSIDERATION OF A RESOLUTION AUTHORIZING THE DIRECTOR OF HEALTH TO EXPLORE POTENTIAL COLLABORATION, AFFILIATION, OR PARTNERSHIP WITH ST. LUKE'S HOSPITAL AND/OR RALPH K. DAVIES MEDICAL CENTER**

6) **CONSIDERATION OF A RESOLUTION SUPPORTING THE USE OF A DOMESTIC VIOLENCE PROTOCOL FOR ROUTINE SCREENING OF ALL WOMEN AND ADOLESCENT GIRLS IN ALL HEALTH CARE SETTINGS**

7) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION PROGRAM**

8) **5:00 P.M. TIME SPECIFIC: JOINT HEALTH AND FIRE COMMISSION MEETING**

UPDATE AND PROGRESS REPORT ON THE SAN FRANCISCO EMERGENCY MEDICAL SERVICES RECONFIGURATION PLAN

9) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas Lee Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
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/3/96

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, December 3, 1996
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:05 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow Commissioner Roma P. Guy, M.S.W Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S.
Absent:	Commissioner. Sharon Gadberry, Ph.D Commissioner Thomas Lee Eades

2) APPROVAL OF MINUTES OF THE MEETING OF NOVEMBER 19,1996

Action Taken: The Commission unanimously adopted the minutes of November 19, 1996.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) CHS AIDS - Update on a monitoring report for a renewal contract with the National Task Force on AIDS Prevention Kommunities of Kolor United Against AIDS (KOKUA) Collaboration, in the amount of $1,135,177 for the provision of psychosocial and prevention services.

Norm Nickens, AIDS Office, reported management changes of this contractor and will be submitting a written monitoring report to the Commission. Commissioner Monfredini requested another progress report at the second meeting in February (Feb. 18, 1997)

(3.2) CHS-AIDS - Retroactive renewal contract with Planned Parenthood Golden Gate, in the amount of $55,162, for the provision of HIV/AIDS prevention and education for women, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with Planned Parenthood Golden Gate for services totaling $151,732 during FY 1995-96.

Commissioner Monfredini requested a progress report in 6 months on the contractor's compliance to affirmative action of its Board Composition (June 1997).

(3.3) CHS-AIDS - Retroactive renewal contract with the San Francisco AIDS Foundation (SFAF), in the amount of $357,850, for the provision of Emergency Housing, Rental Subsidies and Telephone Hotline services, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with SFAF for services totaling $3,537,875 during FY 1995-96).

Action Taken: The Commission (Chow, Barnes, Guy, Monfredini, Parker) approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT

(Sandra R. Hernandez, M.D.,Director of Health)

WELFARE REFORM

Pregnancy-Related Services to Undocumented Women

On November 26, 1996, San Francisco Superior Court Judge William Cahill issued a preliminary injunction preventing the State Department of Health Services from implementing its proposed emergency regulations to terminate pregnancy-related services (prenatal care, labor, delivery and post-partum care) to undocumented women. While the preliminary injunction is in effect undocumented women will continue to receive non-emergency pregnancy related services through the MediCal Program.

A State agency may adopt emergency regulations "for the immediate preservation of the public peace, health and safety or general welfare." Judge Cahill dismissed the State's argument that these regulations needed to be implemented on an emergency basis in response to the passage of the Welfare Reform Act. The Court saw no reason why the enactment of the Welfare Reform Act justified using the emergency rule making process. The Court did not rule on the content of the emergency regulations.

The Department believes it is essential that patients be kept informed about their ability to obtain pregnancy-related services. On November 27, 1996 the Department distributed separated notices to both patients and staff explaining the Court's ruling. The Department is in the process of translating the patient notices into other languages (e.g., Spanish, Mandarin, Russian, etc.). Patients can also call the Department's Perinatal Outreach program for updated information on how to access pregnancy-related services.

Community Information Forums

The Department has received notice that the State Department of Health and Welfare (DHW) will hold a community information meeting on welfare reform on December 17, 1996 from 10:00 - noon in San Francisco.

As the Health Commission may recall, DHW recently held six community meetings/information forums within the State on welfare reform. The closest to San Francisco was held November 8th in Sunnyvale. The State agreed to hold this additional meeting in response to the tremendous advocacy and lobbying work done by the Statewide Coalition for Welfare Reform.

MEDI-CAL MANAGED CARE

HCFA Readiness Review

During the week of November 18, 1996, the Health Care Financing Administration conducted its on-site review of the San Francisco Health Plan. This review was part of HCFA's readiness review of the two-plan model in San Francisco.

Overall, the HCFA review went well. HCFA staff were supportive of the Health Plan's proposed network and progress to date. Six HCFA staff conducted the review; in addition, the State Department of Health Services liaison to the San Francisco Health Plan attended the review sessions. The review covered the following areas:

1. beneficiary ,
2. quality assurance,
3. provider network/access,
4. systems,
5. fiscal issues, and
6. administrative capability.

In addition to an on-site review of the Health Plan's operations, the review team also visited provider offices (private practitioners, IPAs, group practices and clinics). HCFA attended a Health Care Options presentation and reviewed additional Health Plan documentation. As part of its review, HCFA will issue a report on its findings. Any corrective actions identified in the report may have to be addressed prior to implementation. We are expecting that HCFA will issue its report within the next two weeks.

FQHC Participation and Reimbursement

On November 20, 1996, I participated in a FQHC coalition meeting with Bruce Vladek, Director of the Health Care Financing Administration. The meeting was held to discuss FQHC, Local Initiative and Commercial Plan concerns with the State's FQHC payment methodology under Medi-Cal managed care.

HCFA was knowledgeable about our proposal to make the State responsible for the interim rate FQHC reimbursement. A similar model is being used in Wisconsin. Prior to this meeting State DHS indicated a willingness to review their current FQHC payment policy. The Coalition prepared information documenting the negative fiscal consequences of the current policy on health plans. This information was shared with both the State and HCFA. I will continue to keep the Commission informed of this critical financing matter which affects all DPH and Consortium Primary Care Clinics.

SAN FRANCISCO GENERAL HOSPITAL

San Mateo County Trauma System Plan

On November 26, the San Mateo County Board of Supervisors received a report from the San Mateo County EMSA on the Trauma system configuration for that county. The preliminary recommendations call for San Francisco General Hospital and Stanford University Medical Center to be the north and south, Level 1 Trauma Centers. Approximately 350 San Mateo County patients per year meet Trauma Center Level 1 triage criteria. The plan geographically distributes these patients.

All hospitals in the county, excepting Mills Peninsula Hospital, support the preliminary recommendations as presented. Mills-Peninsula has requested additional time to decide if they would like to be included in the plan as a Level 2 or 3 trauma receiving hospital. Dr. Robert Mackersie, SFGH Trauma Director, provided public testimony at the Board meeting and was joined by Chris Wachsmuth, RN, and Diane Vaccaro, RN. A final vote on the Trauma system plan will be taken by the Board in early March 1997. Meanwhile, San Mateo County EMSA will be meeting with SFGH and Stanford to begin planning the implementation of their trauma plan and will convene a transportation task force to analyze issues and develop an action plan for transport of trauma patients. Once details are available, the agreement will be brought to the Commission for consideration.

Birth Center Grand Opening

The Birth Center at San Francisco General Hospital will be celebrating its Grand Opening December 12th from 12- 2pm in the new Center. The Midwifery Program will celebrate its 21st year of existence the same day.

On December 11th from 5:30 - 7:30, the Department of OB/GYN and SFGH will host a provider event for all CHN and community physicians/providers to learn more about services offered at SFGH and to tour the new Birth Center and Infant Care Center. Patients will move into the Birth Center on December 17th. The center is anticipated to be fully operational prior to the new calendar year.

New Library Microcomputer Center and Patient Education Resource (PERC)

On November 19, 1996, a reception celebrating the new Library Microcomputer Center and Patient Education Resource Center (PERC) was held at the Barnett-Briggs Medical Library located at the San Francisco General Hospital Medical Center. The event marked the official beginning of a unique partnership between the University of California, San Francisco and the San Francisco Department of Public Health to make available health information resources for providers, patients and the public. This joint effort utilizes expanding technology and new capabilities of information retrieval to more effectively meet these needs.

The Library's Microcomputer Center offers public access to the World Wide Web and specialized databases on the Interment; microcomputer training classes for UCSF and SFGH faculty, staff and students; and a collection of microcomputer training resources, including journals, books and on-line materials. Classes are taught by Peter Fares, Information Services Librarian, and UCSF campus library training staff. In addition, the library provides onset consultation regarding microcomputer usage and on-line resources.

For information about class schedules, registration and payment of fees, please call Rick Scott, Circulation Desk Librarian, at 206-3114 or PERCH at 206-5400. This partnership was made possible through the vision and collaborative efforts of Joan Faberge, MLS, Library Manager and Doreen Dare, RN, MS, Director of Education & Training.

Diversion Statistics

Critical Care Diversion for the period November 1 through 30, 1996 was 14.8% or 106 hours and 33 minutes. Emergency Department diverted for 1.1% or 7 hours and 55 minutes.

LAGUNA HONDA HOSPITAL

Holiday Event

Laguna Honda Hospital's Annual Holiday Show, sponsored by LHH's Volunteers, Inc., will be held in Simon Auditorium, December 20th at 2:00 PM. This festive event features local and celebrity talent and will be cablecast live via Channel 35. We hope the Commission will be able to join us for this Holiday Show.

Medical Staff

I have signed, on behalf of the governing body, medical staff applications for the following Laguna Honda medical staff who will both provide as needed night and weekend coverage: Grace Forde, M.D. and G. Joseph Gallinghouse, Jr., M.D.

COMMUNITY PUBLIC HEALTH SERVICES

Profile of Injury

I am giving you a follow-up to the "Profile of Injury" presented at the September Health Commission meeting. It details the injury incident statistics and prevention efforts for older San Franciscans.

DIVISION OF MENTAL HEALTH SERVICES

Awards From Mental Health Association of San Francisco

The Mental Health Association of San Francisco conferred awards on Sydney Lam of the Division of Mental Health Services (DMS) and the Progress Foundation.

Sidney was honored for his many years of work with the Residential Care System and for his assistance with developing the consumer operated Socialization Program for residential care facilities. Progress Foundation was honored for its many years of work in developing Residential Treatment and Supported Housing Services for San Francisco Mental Health Consumers.

National Voter Registration Act of 1993

The National Voter Registration Act of 1993 requires that all treatment programs provide voter registration assistance to clients. In September 1996, DMS distributed a policy procedure on implementation of the National Registration Act, complete with voter registration forms in 13 different languages to providers. By November 4, 1996, 209 clients had registered to vote as a result of DMS efforts.

SUBSTANCE ABUSE AND FORENSICS

Target Cities Faith Initiative

On Friday, November 22, at the Unitarian Center on Franklin Street, the Target Cities Faith Initiative hosted a conference entitled "Spirituality": The Forgotten Dimension of Recovery," to reaffirm and explore the role of spirituality in substance abuse treatment and prevention. Larry Meredith, Director of Substance Abuse Services participated in the conference which drew over 300 members from San Francisco's faith community and substance abuse treatment providers. The conference called on the community to support legislation currently before the Board of Supervisors that will increase funding for substance-abuse treatment on demand in the city. Speakers at the event included Robert Illumn of HUD, Michael Wald, Director of Human Services, Andrew Meca, Office of Alcohol & Drug Programs, Jeff Mori, Director, Mayor's Office of Children, Youth & Family and Reverend Cecil Williams of Glide Church.

Consent Decree

Jail Health Services was notified by the City Attorney's Office that a recommendation for full accreditation will be presented to the California Medical Association's Corrections and Detentions Health Care Committee in January. A remodel of the women's clinic at County Jail # 1 remains the only outstanding consent decree issue. The building permit for the remodeling was issued yesterday. With this notification, the City will be able to end the 14 year old consent decree in Stone v. City and County of San Francisco

BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT

San Francisco Bay Oil Spill

The experience from the October 28th oil spill made BEHM reexamine its Oil Spill Prevention and Response Plan and begin proposing refinements. One area for review will be the availability of signs to restrict or prohibit the public's access to affected beaches and surrounding waters.

5) CONSIDERATION OF A RESOLUTION AUTHORIZING THE DIRECTOR OF HEALTH TO EXPLORE POTENTIAL COLLABORATION, AFFILIATION, OR PARTNERSHIP WITH ST. LUKE'S HOSPITAL AND/OR RALPH K. DAVIES MEDICAL CENTER

Dr. Hernandez proposed a resolution authorizing the Director of Health to explore potential collaboration, affiliation, or partnership with St. Luke's Hospital or Ralph K. Davies Medical Center. This resolution reflects the Department's need to quickly respond to changes in the healthcare environment, which include the recent passage of welfare reform legislation, inadequate capitation payments, continued threats to Disproportionate Share funding, and the financial insecurity of free-standing hospitals.

Dr. Hernandez reported that St. Luke's Hospital has hired the Cain Brothers, which is an investment banking firm, to assist the hospital in making an evaluation of business prospects. St. Luke's has now issued an RFP and initial responses are due on December 15, 1996. St. Luke's will then begin negotiations with one or more respondents and plans to have a deal negotiated by March 31, 1997 and for implementation to begin in June , 1997. The Department will be looking at submitting an RFP to St. Luke's.

Given that St. Luke's and SFGH are the only two hospitals in San Francisco which are located South of Market and which receive Disproportionate Share funds, this RFP may offer an opportunity to enhance services in this community.

The potential opportunities for SFGH, St. Luke's , and Davies to work together as partners or affiliates, rather than as competitors, are great in advancing a shared mission, a broad patient base, expanded services, economic efficiency, and a rational allocation of resources. The Department will be having discussions with Ralph K. Davies representatives.

Action Taken: The Commission (Chow, Barnes, Guy, Monfredini, Parker) adopted Resolution #24-96 AUTHORIZING THE DIRECTOR OF HEALTH TO EXPLORE POTENTIAL COLLABORATION, AFFILIATION, OR PARTNERSHIP WITH ST.LUKE'S HOSPITAL AND/OR RALPH K. DAVIES MEDICAL CENTER (Attachment A)

6) CONSIDERATION OF A RESOLUTION SUPPORTING THE USE OF A DOMESTIC VIOLENCE PROTOCOL FOR ROUTINE SCREENING OF ALL WOMEN AND ADOLESCENT GIRLS IN ALL HEALTH CARE SETTINGS

This item was postponed to a future meeting.

7) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION PROGRAM

Dr. Mitch Katz, Director of Epidemiology, Disease control, & AIDS, presented the Department's Immunization Plan (Attachment B). He gave an overview of the importance of immunization, standards for immunization, measuring childhood immunization coverage, the kindergarten retrospective survey, and current immunization activities.

Dr. Katz acknowledged the following Immunization staff:

Frances Taylor, M.D. Chief, Communicable Diseases
Mel Lippman
Norma Martinez
Diane Portnoy
Peter Vaernet
Janet Zola

Dr. Hernandez stated that a report on immunization will be presented annually to the Commission.

Commissioners' concerns:

- the increase in Hepatitis A rates for youth, ages 15-19 years old
- the need to improve immunization coverage rates in the Filipino community
- the Asian American community is also at risk for Hepatitis B
- immunization of children should be at community sites

8) 5:00 P.M. TIME SPECIFIC: JOINT HEALTH AND FIRE COMMISSION MEETING

UPDATE AND PROGRESS REPORT ON THE SAN FRANCISCO EMERGENCY MEDICAL SERVICES RECONFIGURATION PLAN

Present:

Health Commissioners:	Fire Commissioners:
Edward A. Chow, M.D.	Rosemarie Fernandez-Ruel
Debra Barnes	Hadley Roff
Roma Guy	Stephen Nakajo
Lee Ann Monfredini	Russell Roeca
Harrison Parker, Sr., D.D.S	Ted Soulis
Director of Health	Fire Chief
Sandra R. Hernandez, M.D.	Chief Robert Demmons

Dr. Mitch Katz, representing the EMS Steering Committee, reported that the Steering Committee has been meeting weekly to implement the Reconfiguration Plan.

Captain Rich Shortall of the San Francisco Fire Department reported the following progress:

- Paramedic Training Program has been developed.
  Dr. Marshall Isaacs has been selected as Medical Director.
  Paramedic Captain James Smith has been selected as Course Director.

Course curriculum was developed and approved by the EMS Agency and Dr. Katz. A site survey by Dr. Katz was also passed.

24 firefighters with 6 alternates were selected to participate in the Training Program.

- Meetings were held with attorneys on issues around the Consent Decree and the Paramedic Training Program.
- Meet and confer meetings on the paramedic training program were held with Local 798, the Firefighters' Union.
- Meetings were held with the Mayor's Budget staff on a supplemental budget that would come to the Fire Chief and Fire Commission.
- Studies are being done on where ambulances would be placed and will be forwarded to the Commissions.

Dr. Katz reported the following progress in the Department of Public Health:

- Approved the curriculum of the Paramedic Training Program.
- Chris Wachsmuth and Erhardt Groothoff have been developing the MIS systems, budget, and personnel issues.
- Meet and confer meetings will begin with Local 790. Local 790 has elected its representatives for the DPH Paramedics.

Dr. Hernandez emphasized the need to continue the meet and confer process. She acknowledged that Local 790 wanted to begin meet and confer after the election. She continues to be committed to the Reconfiguration Plan.

Chief Demmons thanked all of the entities involved in this transfer to better serve the citizens of San Francisco.

Public Speakers: The Paramedics requested treatment as equals.
Jon Meade, DPH Paramedic
Jano Oscherwitz, Local 790
Lonnie Beth Slonsky, Paramedic Chapter

Dr. Hernandez indicated the concerns raised by the speakers will be addressed.
Chief Demmons clarified that paramedics will be cross-trained.

President Fernandez-Ruel, with concurrence from President Chow, proposed another progress report be presented at a Joint Commission meeting in 60 days (in February, 1997). Dr. Hernandez and Chief Demmons agreed to this timeline.

9) PUBLIC COMMENTS

Public Speakers:

Each of the speakers expressed concerns on the RFP process for AIDS prevention funds, loss of funding to the Street Outreach Services Collaboration, and the need for street outreach workers.

John O'Brien, Chairman of Tom Waddell Health Center CAB
Kiki Whitlock, LGBT Advisory Committee for HRC
Tamara Ching, Community Planning Work Group to California State Office of AIDS
Brian Cross, Tenderloin AIDS Resource Center
Sacul L'Adnbre, ICHO
Adela Vasquez, Projecto Contra SIDA por Vida
Wette R. Balderas, SOS (New Leaf)
Maria Rinaldi, Instituto Familiar de la Raza
Loana Valencia, SOS
Ed Florentino, SOS
Marjorie S. Katz, Real Alternatives Program
Tom Boellstorff, Stanford University
Askia Muhammed, ICHO
Fred Yazzie, SOS
Dr. Michael R. Aldrich, ICHO

President Chow requested the Department to look into the issues raised by the speakers and report back to the Commission in the Director's Report.

Dr. Hernandez stated that she and Dr. Mitch Katz will review the RFP process and will report back to the Commission at the next meeting.

The meeting was adjourned at 6:25 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 24-96

AUTHORIZING THE DIRECTOR OF HEALTH TO EXPLORE POTENTIAL COLLABORATION, AFFILIATION, OR PARTNERSHIP WITH ST. LUKE'S HOSPITAL AND/OR RALPH K. DAVIES MEDICAL CENTER

WHEREAS, welfare reform legislation, inadequate capitation payments, and discontinued threats to Disproportionate Share funding jeopardize the viability of free-standing hospitals in today's healthcare environment; and

WHEREAS, St. Luke's Hospital and SFGH are the only two hospitals in San Francisco which are located South of Market and which receive Disproportionate Share funds; and

WHEREAS, the potential opportunities for SFGH, St. Luke's, and Davies to work together as partners of affiliates, rather than as competitors, are great in advancing a shared mission, a broad patient base, expanded services, economic efficiency, and a rational allocation of resources; and

WHEREAS, a partnership or affiliation between SFGH, St. Luke's, and Davies could lead to a safety net system which provides services to all of San Francisco's under-served population; now therefore, be it

RESOLVED, that the San Francisco Health Commission authorizes the Director of Health to explore potential collaboration, affiliation, or partnership with St. Luke's Hospital and/or Ralph K. Davies Medical Center.

I hereby certify the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, December 3, 1996

Sandy Ouye Mori

Sandy Ouye Mori
Secretary of the Health Commission

Attachment A

IMMUNIZATION PLAN

CHILDHOOD IMMUNIZATION

To attain the Healthy People 2000 national goal of 90% completion of immunization for two year-olds by the year 2000, we have developed the following objectives, activities to achieve those objectives, and the cost in the remainder of this fiscal year and in the next fiscal year.

Objective 1. Eliminate financial and logistic barriers to immunization

Financial barriers

Currently, when DPH administers a vaccine at one of our primary care sites, we charge $5.00 per child, per vaccine. Therefore, if an uninsured parent brought two children who each needed two vaccines, the total cost would be $20.00. While our health centers will not refuse services to persons who cannot pay, clients may be embarrassed to not pay or be unaware of the exact costs and perceive that they cannot afford immunizations. We feel that there should be no disincentives to provision of vaccines. Therefore, we propose that immunization of all uninsured children at all DPH sites be free. Insurance will be billed for those with insurance, including Medical.

Since childhood vaccines are provided to the Department of Public health free of charge by the State of California, we estimate that the loss of revenue for these vaccinations will be relatively small; we have estimated it at $10,000 per year.

Logistic barriers

Some working parents may find it difficult to get their children to a health center during business hours. Currently, we provide three evening clinics at health centers for immunizations. Two employees (an LVN and health worker) are funded for this activity. We would like to increase the number of evening clinics and also provide either a Saturday or Sunday immunization clinic. We propose using a performance agreement as the mechanism for funding DPH's Independent Delivery System (IDS) to provide these services. Use of a performance agreement will also enable us to pilot this mechanism for other activities between Community Public Health and IDS.

This effort would require $25,650 in new moneys for the current fiscal year (another LVN and health worker); for the following year the annualized cost would be $102,600.

Objective 2: Promote a social climate which favors immunization.

Formation and staffing of a County-wide Immunization Coalition

This coalition will foster collaboration and create partnerships, avoid duplication and competition, achieve coordinated services, and maximize the use of available resources. The coalition will work in concert with the objectives of Starting Points, the county initiative to "establish an Early Childhood Interagency Council responsible for creating and implementing a single, comprehensive city-wide strategic plan for children from birth to five years of age and their families." The first meeting to organize the Coalition has been held and was well received by the community.

We propose that the staffing and support for the Coalition will be provided by current DPH staff members. These staff are on a State-funded initiative that will end December 31, 1996. The cost of continuing these staff (Senior Health Educator, Health Educator, Secretary) would be $104,850 for this fiscal year, and $349,600 in the next fiscal year. In addition to support to the Coalition, these staff will provide the infrastructure for the other projects under this immunization plan.

Health Education/Health Promotion

A public awareness campaign will be launched to promote immunizations. We have already begun working with CARECEN to promote immunizations in the Latino community. We would like to increase our work with the African-American community. The effort includes creating partnerships with community leaders in business and the religious community to promote immunizations as a societal norm. This will include placing immunization messages which emphasize the ages at which infants should be immunized in WIC and outpatient clinics, in the media, and on packages of items used for babies (such as diapers or milk cartons).

This effort will require $8,200 in this fiscal year; on an annualized basis, the cost will be $32,800.

Objective III: Promote parent responsibility for on-time immunization of infants and children.

Provide parental reminders for immunizations

Parental reminders will help parents to know when they should bring their children in for immunizations. We propose using the birth registry to generate postcard reminders to parents.

The cost of sending reminders will be paid for though State grant and by continuing existing staff.

Baby-Track

Baby Track is a program that pairs new parents with volunteers who help parents to remember to have their children vaccinated. It has been used successfully in other parts of the State of California.

The cost of the program will be paid for by continuing existing staff.

Determine the most appropriate education materials to promote immunizations

We will evaluate a variety of different educational materials, in appropriate languages, for parents. The campaigns will aim to increase parental knowledge of the importance of immunizations.

The cost of the program will be paid for by continuing existing staff.

Work with WIC clinics to promote immunization

WIC clinics provide an excellent site to increase the rate of immunization. We will start by having WIC clinics ask parents to bring in their immunization cards at the time of the visit. Since all WIC clinics occur at health centers, it will be easy to send children who are not up-to-date on their vaccinations, to be immediately vaccinated.

The cost of the program will be paid for by continuing existing staff.

Objective IV: Improve provider performance in providing on-time immunizations.

Provider Reminders

Provider reminders have been shown in many studies to increase the rate of immunizations. Immunization reminders are an integral part of the SMS system.

No additional funding will be necessary for this activity.

Provider Assessments

Conversations with both public and private providers have shown that providers believe that they are immunizing all or nearly all the children they see. Assessments often reveal this not to be the case. This goal is directed at encouraging private providers to do self assessments as the first step in improving performance. We expect at least two private providers to do self assessments. Immunization staff already do annual assessments in all the health centers.

No additional funding will be necessary for this activity.

Immunization standards of practice at health centers

The Standards for Pediatric Immunization Practices is a list of eighteen standards aimed at making immunizations more accessible and at reducing missed opportunities to deliver vaccines.

No additional funding will be necessary for this activity. Health centers will be asked to comply with the standards as part of the performance agreement.

Objective V Develop systems for supporting immunization

1. Development of a County-wide immunization registry

The key to effective delivery of immunizations is a record-keeping system which is up-to-date and available to all. This would allow for reminders to parents and clinicians. It would also enable clinicians to vaccinate children seen in the emergency room or urgent care settings because they would know the child's full immunization status. We have begun work with State funds by introducing bar code data entry as a means of assuring the accuracy of the information in the system as well as simplifying record keeping. We will continue toward this objective by assessing provider needs and capability and evaluating software available for a registry. We expect that the State will make further funds available next fiscal year. Success for the initial effort toward this objective will consist of a written report of physicians and clinics willing to join a registry and their automation needs and capability. Ultimate success will be the establishment of an effective, working immunization registry.

While most expenses of the registry are paid for by the State, we need approximately $15,000 in a TPA (one-time expense) to pay for MIS assistance in evaluating available registry software in preparation for designing our own registry.

2. Provide automated reminders of immunization appointments to parents

Modern technology would allow us to call parents and remind them that immunizations are due, based on the age of the child, and of appointments in the IDS. Reminders improve compliance with keeping appointments by almost 40%.

The cost of purchasing a telephone reminder system would be $12,000.

ADOLESCENT/ADULT IMMUNIZATION

Goal: Provide immunization of hepatitis A and B to 90% of persons in high risk groups, and influenza, pneumococcal, and tetanus vaccine to 90% of persons over the age of 65 years.

While we have stated the goal for adolescent and adult immunization to be the same as that for children, we recognize that we are significantly further from achieving this goal. Adults, unlike children, are not obligated to complete a vaccine series. Hepatitis A and B vaccines are expensive, and the Vaccines for Children Program is limited to those less than 19 years of age.

Objective 1. Provide hepatitis A and B vaccine to high risk persons.

Hepatitis A and B vaccines are recommended for gay men and for injecting drug users. Currently, we are administering both to high risk adolescents and have a hepatitis B immunization program running at the STD clinic. We propose to offer both vaccines at all IDS sites. Given the expense ($68.00 for hepatitis A and $75.00 for hepatitis B), we do not feel we can offer them completely free to all uninsured persons. On the other hand, we see no reason that these vaccines should be treated any differently from any other medical therapeutic offered by DPH. Therefore, we propose that all health centers stock both hepatitis A and B vaccines and that patients be charged according to our existing sliding scale.

It is difficult to know exactly how many people are appropriate candidates for and would consent to be vaccinated. There are an estimated 55,000 gay men and 15,000 injection drug users living in San Francisco. Some of these persons will have some form of insurance which will allow them to be vaccinated. Others will be immune or will have received vaccine in the past. In year one, we propose a pilot program expending $300,000 in hepatitis A and B immunizations, and estimate that we will collect $100,000 in insurance reimbursement (including Medical) and sliding scale. We will monitor the program and make decisions about the amount of vaccine needed in future years based on the rates of utilization and reimbursement.

Objective 2. Increase immunization rates for adults

1. Provider reminders

We believe that provider reminders will be particularly effective for adult immunizations. Because adults do not receive immunizations on a regular schedule, the way children do, clinicians may be unaware that an adult needs an immunization. The SMS system is designed to generate these reminders.

2. Patient reminders

If patients are aware that they are due for an immunization, they can ask their providers for it. While the birth registry will not be helpful for adult immunizations, we will be able to send reminders to adults who are cared for by the IDS telling them that they are due their immunizations.

No extra costs are anticipated for these activities.

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas Lee Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

/17/96

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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AGENDA

HEALTH COMMISSION MEETING

December 17, 1996
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENT WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF DECEMBER 3, 1996

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Consideration of a contract between the San Francisco Health Authority and the Department of Public Health for reimbursement of specified public health services provided to Medi-Cal beneficiaries enrolled in the San Francisco Health Plan.

(3.2) Consideration of a contract between Blue Cross of California and the Department of Public Health for reimbursement of specified public health services provided to Medi-Cal beneficiaries enrolled in CaliforniaCare.

(3.3) **DMS-CSAS** - Request to accept and expend an augmentation to the San Francisco Target Cities Project grant in the amount of $437,000 to provide baseline data collection for the Target Cities/SSI Impact Study for the term November 15, 1996 through September 30, 1997.

(3.4) **CPHS-Childhood Lead Prevention** - Request for approval by the Budget Committee of the Health Commission to accept and expend retroactively a new allocation of Medi-Cal Lead Program funds in the amount of $275,399, from the State Department of Health Services to supplement the existing State case management contract for the period of July 1, 1996 through June 30, 1997.

(3.5) **CHS-AIDS** - Retroactive renewal contract with GAPA Community HIV Project, in the amount of $168,421 for the provision of HIV/AIDS Prevention Education services for the period of July 1, 1996 through June 30, 1998. (DPH contracted with GAPA for services totaling $816,360 during FY 95-96).

(3.6) **CHS-AIDS** - Retroactive renewal contract with San Francisco AIDS Foundation in the amount of $1,098,238 for the provision of HIV/AIDS psychosocial support services through a collaboration of three community based organizations for the period of July 1, 1996 through June 30, 1997. (DPH contracted with SFAF for services totaling $3,537,875 during FY 95-96).

(3.7) **CHS-AIDS** - Request for contract approval of fourteen programs with nine community based agencies for a total amount of $2,573,279, for the provision of HIV prevention services targeting high-risk behaviors, venue-based individual outreach, HIV counseling, testing, referral and partner notification and provider training for the period of January 1, 1997 through December 31, 1997.

(3.8) **CPHS-Homeless** - Retroactive Sole Source approval and multi-year renewal contract with Central City Hospitality House in the amount of $520,579 per year to provide case management services for homeless persons for the period of July 1, 1996 through June 30, 1999. (DPH contracted with Central City Hospitality House for services totaling $561,918 during FY 95-96).

(3.9) **CPHS-Homeless** - Retroactive multi-year contract renewal with Catholic Charities in the amount of $402,143 per year to provide case management services to the homeless, for the period July 1, 1996 through June 30, 1999. (DPH contracted with Catholic Charities for services totaling $1,771,379 during FY 95-96).

(3.10) **CPHS-Family Health** - First modification to the contract with C.A.H.E.E.D. Inc., to add an additional $32,000, for the provision of outreach, support and perinatal education as well as Afrocentric parenting classes to African American women in the Bayview Hunter's Point District, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with C.A.H.E.E.D. for services totaling $103,000 during FY 95-96).

(3.11) **SFGH** - Renewal contract with HHL Financial Services, Inc. to provide an Uncompensated Care Recovery Program at San Francisco General Hospital (SFGH), for the period of January 1, 1997 through December 31, 2000.

(3.12) **DMS-CSAS** -Retroactive renewal contract with Bayview Hunter's Point Foundation for Community Improvement, Inc. in the amount of $6,057,657 per year to provide mental health and substance abuse services for the period of July 1, 1996 through June 30, 2000. (DPH contracted with Bayview Hunter's Point Foundation for services totaling $6,912,060 during FY 95-96).

(3.13) **DMS-CSAS** -Retroactive renewal contract with New Leaf...Services for Our Community in the amount of $709,445 per year to provide outpatient Mental Health and Substance

Abuse services targeted for the Lesbian, Gay, Bisexual and Transgender community for the period of July 1, 1996 through June 30, 2000. (DPH contracted with New Leaf for services totaling $1,088,790 during FY 95-96).

(3.14) DMS-CSAS -Retroactive renewal contract with The Salvation Army, A California Corporation (The Salvation Army Harbor Light Center) in the amount of $590,027 per year to provide substance abuse residential/detoxification and residential treatment services to men and women for the period of July 1, 1996 through June 30, 2000. (DPH contracted with Salvation Army for services totaling $948,428 during FY 95-96).

(3.15) DMS-CSAS -Retroactive renewal contract with Center for Juvenile and Criminal Justice, in the amount of $185,736 per year to provide services for the period of July 1, 1996 through June 30, 1997. (DPH contracted with Center for Juvenile and Criminal Justice for services totaling $171,471 during FY 95-96).

4) DIRECTOR'S REPORT (Provides information on activities and operations of the Department)
(Anne Kronenberg)

5) PRESENTATION AND PUBLIC HEARING ON THE CHILDREN'S SERVICES PLAN FOR FISCAL YEAR 1977-98 FROM THE MAYOR'S OFFICE OF CHILDREN, YOUTH, AND THEIR FAMILIES

6) PRESENTATION OF THE 1995-96 DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT

7) PRESENTATION OF THE 1996 STATE LEGISLATIVE REPORT

8) PRESENTATION OF THE ANNUAL EQUAL EMPLOYMENT OPPORTUNITY REPORT

9) OTHER BUSINESS/PUBLIC COMMENTS*

10) DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.11(A) AS TO WHETHER TO CONDUCT A CLOSED SESSION ON TWO ITEMS:

A. Possible closed session held pursuant to Brown Act Section 54956.9(c) and Sunshine Ordinance Section 67.11:

1) Conference with Legal Counsel: Consideration of a proposed settlement of a claim, Deedra Robinson vs. CCSF (SFGH), Municipal Court #123-430 in the amount of $9,000.

2) Consideration of a proposed judgment in the amount of $50,692.96 for Knyper v. CCSF, Superior Court #970-751

B. Discussion and vote pursuant to Brown Act Section 54957.1 and Sunshine Ordinance Section 67.14 on whether to disclose action taken or discussions held in closed session.

Motion: The Health Commission finds that it is in the best interest of the public (not) to disclose its session deliberation.

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comment will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas Lee Eades
Commissioner

Sharon Gadberry, Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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/17/96

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, December 17, 1996
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D. at 3:10 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner Thomas Lee Eades Commissioner Roma P. Guy, M.S.W. Commissioner Sharon Gadberry, Ph.D. Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S.

2) APPROVAL OF MINUTES OF THE MEETING OF DECEMBER 3, 1996

Action Taken: The Commission unanimously adopted the minutes of December 3, 1996.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) Consideration of a contract between the San Francisco Health Authority and the Department of Public Health for reimbursement of specified public health services provided to Medi-Cal beneficiaries enrolled in the San Francisco Health Plan.

This item was postponed to a future meeting.

(3.2) Consideration of a contract between Blue Cross of California and the Department of Public Health for reimbursement of specified public health services provided to Medi-Cal beneficiaries enrolled in CaliforniaCare.

This item was postponed to a future meeting.

(3.3) **DMS-CSAS -** Request to accept and expend an augmentation to the San Francisco Target Cities Project grant in the amount of $437,000 to provide baseline data collection for the Target Cities/SSI Impact Study for the term November 15, 1996 through September 30, 1997.

Commissioner Gadberry abstained due to conflict of interest.

(3.4) **CPHS-Childhood Lead Prevention -** Request for approval by the Budget Committee of the Health Commission to accept and expend retroactively a new allocation of Medi-Cal Lead Program funds in the amount of $275,399, from the State Department of Health Services to supplement the existing State case management contract for the period of July 1, 1996 through June 30, 1997.

(3.5) **CHS-AIDS -** Retroactive renewal contract with GAPA Community HIV Project, in the amount of $168,421 for the provision of HIV/AIDS Prevention Education services for the period of July 1, 1996 through June 30, 1998. (DPH contracted with GAPA for services totaling $816,360 during FY 1995-96).

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(3.7) **CHS-AIDS** - Request for contract approval of fourteen programs with nine community based agencies for a total amount of $2,573,279, for the provision of HIV prevention services targeting high-risk behaviors, venue-based individual outreach, HIV counseling, testing, referral and partner notification and provider training for the period of January 1, 1997 through December 31, 1997.

This item was postponed to a future meeting.

(3.8) **CPHS-Homeless -** Retroactive Sole Source approval and multiyear renewal contract with Central City Hospitality House in the amount of $520,579 per year to provide case management services for homeless persons for the period of July 1, 1996 through June 30, 1999. (DPH contracted with Central City Hospitality House for services totaling $561,918 during FY 1995-96).

(3.9) **CPHS-Homeless -** Retroactive multiyear contract renewal with Catholic Charities in the amount of $402,143 per year to provide case management services to the homeless, for the period July 1, 1996 through June 30, 1999. (DPH contracted with Catholic Charities for services totaling $1,771,379 during FY 1995-96).

Commissioner Monfredini expressed concern on the non-compliance of this contractor for affirmative action on its Board of Directors and for lack of complete demographic information.

Commissioners recommended a one-year renewal from July 1, 1996 through June 30, 1997.

(3.10) **CPHS-Family Health** - First modification to the contract with C.A.H.E.E.D. Inc., to add an additional $32,000, for the provision of outreach, support and perinatal education as well as Afrocentric parenting classes to African American women in the Bayview Hunter's Point District, for the period of July 1, 1996 through June 30, 1997 (DPH contracted with C.A.H.E.E.D. for services totaling $103,000 during FY 1995-96).

(3.11) **SFGH** - Renewal contract with HHL Financial Services, Inc. to provide an Uncompensated Care Recovery Program at San Francisco General Hospital (SFGH), for the period of January 1, 1997 through December 31, 2000.

Commissioner Monfredini expressed concern on the lack of affirmative action on the Board of Directors.

Commissioners recommended a one-year renewal from January 1, 1997 through December 31, 1997, with the understanding that the contractor will have an affirmative action plan for its Board.

(3.12) **DMS-CSAS** - Retroactive renewal contract with Bayview Hunter's Point Foundation for Community Improvement, Inc. in the amount of $6,057,657 per year to provide mental health and substance abuse services for the period of July 1, 1996 through June 30, 2000. (DPH contracted with Bayview Hunter's Point Foundation for services totaling $6,912,060 during FY 1995-96).

Dr. Larry Meredith recommended a multiyear renewal with an update to the Commission in a year. The Department will work with the contractor to meet its objectives.

Commissioner Gadberry commented more women should be on the Board.

(3.13) **DMS-CSAS** - Retroactive renewal contract with New Leaf Services for our Community in the amount of $709,445 per year to provide outpatient Mental Health and Substance Abuse services targeted for the Lesbian, Gay, Bisexual and Transgender community for the period of July 1, 1996 through June 30, 2000. (DPH contracted with New Leaf for services totaling $1,088,790 during FY 1995-96).

Commissioners supported the Department's recommendation to renew the contract for one year, July 1, 1996 to June 30, 1997, to monitor the contractor's performance on a monthly basis, and to request the contractor to take corrective action to improve its management and financial viability.

Commissioner Monfredini requested an update be brought back to the Commission in 90 days (March 18, 1997).

(3.14) DMS-CSAS - Retroactive renewal contract with The Salvation Army, a California corporation (The Salvation Army Harbor Light Center) in the amount of $590,027 per year to provide substance abuse residential/detoxification and residential treatment services to men and women for the period of July 1, 1996 through June 30, 2000. (DPH contracted with Salvation Army for services totaling $948,428 during FY 1995-96).

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Commissioner Gadberry commended the contractor for its affirmative action plan, which could be used as a model for other contractors.

Action Taken: The Commission (Chow, Barnes, Guy, Eades, Monfredini, Parker) approved #3.3. Commissioner Gadberry abstained.

The Commission (Chow, Barnes, Eades, Gadberry, Guy, Monfredini, Parker) approved #3.4, 3.5., 3.6, 3.8, 3.9, 3.10, 3.11, 3.12, 3.13, 3.14 and 3.15.

4) DIRECTOR'S REPORT (Provides information on activities and operations of the Dept.)
(Anne Kronenberg)

MEDI-CAL MANAGED CARE

HCFA Public Hearing

On December 12, 1996 the Health Care Financing Administration held a public hearing to solicit input from beneficiaries, advocates and providers on the implementation of a Two-Plan Model in San Francisco. The panel consisted of representatives from HCFA, State DHS, the San Francisco Health Plan and CaliforniaCare. As you know, the Two-Plan Model is slated to begin on January 1, 1997.

At the hearing, in addition to various community feedback, both the Department of Public Health and the Department of Human Services submitted oral and written comments. The Department of Public Health focused its concerns on the following areas:

- State's education/outreach must be improved,
- Capitation rates do not reflect cost of care,
- FQHC reimbursement policy threatens access to care,
- Continuity of care and services coordination must be improved,
- Mental health and physical health services require increased coordination,
- Default enrollment necessary for viability of the two-plan model,
- CaliforniaCare enrollment prior to the San Francisco Health Plan's creates competitive advantage

As I indicated in my last Director's Report, this public hearing was not part of HCFA's formal on-site readiness review. HCFA has agreed to conduct these public hearings in every county as the Two-Plan Model becomes operational.

FQHC Payment Methodology

On December 9, 1996 representatives from the FQHC Statewide Coalition met with State Director of Health Services, Kim Belshé, to further resolution of the FQHC payment methodology under Medi-Cal managed care. As I indicated in my previous Director's Report, the State has expressed its willingness to review the State's policy given that the current policy places both local initiatives and commercial plans in financial jeopardy. We have asked the State to formally respond to our proposal that the State reimburse FQHCs at their interim payment and conduct a wrap-around reconciliation on the State level. We are expecting a formal written response from the State by the end of this week. The Coalition will meet with the State on December 19, 1996 to convene a technical workgroup to determine how to implement any wrap-around reconciliation.

HCFA Site Review

Yesterday, HCFA held an exit conference with the State Department of Health Services on its on site readiness review of San Francisco for the Two-Plan Model. HCFA has not released its formal written report on its review. We understand that HCFA asked for clarification on the San Francisco Health Plan's model for delegating activities to its network IPAs. Specifically, activities regarding claims processing, quality management and assurance, and encounter data which are generally done centrally in a health plan are being delegated to the participating networks under the San Francisco Health Plan. While the San Francisco Health Plan is not the only local initiative proposing this model (Inland Empire -- Riverside and San Bernardino -- is also organized on a similar structure), this was the first delegating model reviewed by HCFA. It is our understanding that overall, the on-site readiness review went well. As soon as the Department receives HCFA's formal report, it will notify the Health Commission.

WELFARE REFORM

Mayor's Welfare Reform Task Force

On December 10, 1996 the Steering Committee of the Mayor's Welfare Reform Task Force met to receive updates from the eight subcommittees working on proposals to implement the welfare reform legislation in San Francisco. In a number of incidences, it was clear that the committees will need to coordinate their activities either in the areas of employment and training and community resources or in ensuring that supportive services and child care are provided to AFDC recipients who are transitioning into the work environment. The Department has representatives on both the Housing Committee and the Supportive Services Committee. In the area of immigration, this subcommittee has been diligently working on a proposal to assist SSI recipients through the citizenship process. The Task Force is still looking towards having draft recommendations from the subcommittees in February 1997.

State Public Hearing

Today the State Health and Welfare Agency held a public forum on welfare reform in San Francisco. The hearing was held at Third Baptist Church. The two-hour session covered five issues: (1) temporary assistance for needy families, (2) Social Security income, (3) food stamps, (4) general assistance and (5) immigrant concerns. As with the previous State hearing held in Sunnyvale, the purpose of this meeting was to provide community members with a forum to voice their concerns and ideas on the implementation of welfare reform in San Francisco.

Undocumented Residents

On December 5, 1996 the State Department of Health Services submitted regulations to eliminate non-emergency pregnancy-related services to undocumented women. As you know, the State Department of Health Services was enjoined from implementing these regulations on an emergency basis. The State will be taking written comment on these new regulations until February 19, 1997. The State will also hold public hearings on the regulations. One hearing will be held in Los Angeles on February 5, 1997, and the second hearing will be held in Sacramento on February 19, 1997. It is our understanding that the State is contemplating implementing the regulations as of July 1, 1997. The Department is currently reviewing these regulations and will submit a written response as we did with the proposed emergency regulations promulgated by the State. The Department will also attend one of the public hearings.

San Francisco Primary Care Council

The San Francisco Health Department and the San Francisco Community Clinic Consortium have agreed to form the San Francisco Primary Care Council. As you know, primary care is the basis for both effective health care systems and healthier populations. Our task is to maximize, enhance and improve upon the comprehensive primary care programs that we have within the City. We are proposing that the Primary Care Council address the following areas:

- Develop and implement a Primary Care Access Plan (PCAP), including prevention, education and services that will expand and enhance access to all areas of the City, and for all persons who reside in San Francisco,
- Maximize resources by reducing duplication of effort, particularly in relation to serving the uninsured, underinsured, unsponsored immigrants and the multiple-diagnosed chronically ill,
- Work to strategically address the issues and concerns arising from welfare reform, immigration reform, Medi-Cal/MediCare reform, and changes in Social Security laws, and
- Address the needs that arise from the loss of employer-sponsored insurance programs, and expand services to the underinsured and uninsured.

The Council would be co-chaired by Gladys Sandlin, President of the Clinic Consortium Board of Directors; and Sandra Hernandez, M.D., Director of Health. The Council would include membership from both the Department and the San Francisco Community Clinic Consortium as well as other primary care providers within the County.

Saint Luke's Hospital

Pursuant to the resolution approved by the Health Commission authorizing the Director of Health to explore potential collaboration, evaluation or partnership with either St. Luke's Hospital or Ralph K. Davies Medical Center, the Department of Public Health submitted a proposal to St. Luke's Hospital for possible strategic evaluation. As I noted in my last Director's Report, St. Luke's was seeking a proposal from potential affiliates by mid-December. We will keep the Health Commission apprised of developments as they occur.

COMMUNITY PUBLIC HEALTH SERVICES

Public Health.

The new Community Health Promotion and Prevention unit of the Public Health Division sponsored a very successful forum on Violence as a Public Health Issue on Friday, December 13. With over 100 people in attendance, speakers and panelists discussed definitions, public perceptions, epidemiological data and strategies for reducing violence. With half of the panel comprised of young people, there was a particular focus on youth and violence. Jennabeth Ward and Ginger Smyly deserve special thanks for putting the forum together and advancing our understanding of how we as a public health department can address violence as a community health problem.

DIVISION OF MENTAL HEALTH SERVICES

Resignation

Bob Martinez, the DMS System of Care Consultant resigned effective the end of the year. His commitment to Mental Health as well as his generous support in sharing his experience and vision to system change have been greatly appreciated. On behalf of the Department, we thank Bob for his help and wish him the very best in his future plans.

SAN FRANCISCO GENERAL HOSPITAL

Richard Cordova to accept appointment from Secretary, Donna Shalala

The Secretary of Health and Human Services, Donna E. Shalala, appointed Richard Cordova, Executive Administrator of San Francisco General Hospital, to serve on the Council on Graduate Medical Education of the Health Resources and Services Administration. The Council is responsible for the development of programs addressed to graduate medical education and in the research, development, and analysis of programs that impact on the health manpower needs of the Nation. This is a two year appointment.

Diversion Statistics

Critical Care Diversion for the period December 1 through 15, 1996. Critical Care diverted for 11.5% or 41 hours and 25 minutes. The Emergency Department diverted for 1% or 3 hours and 45 minutes.

LAGUNA HONDA HOSPITAL

Laguna Honda Charitable Holiday Activities

With the holiday season upon us, Laguna Honda is actively engaged in giving back to the San Francisco community in several significant ways. Although the results are not yet finalized, employees have already donated over $22,000 to the Combined Charities Campaign and donations continue to stream in.

The Nutrition Services Department is spearheading a canned food drive for all employees and volunteers to assure that the San Francisco Food Bank has an abundant supply of food to give to the homeless and needy during the holidays.

The Institutional Police is coordinating a Toys for Tots drive throughout the Hospital. The toys will be distributed to disadvantaged children throughout the City to brighten their holidays.

Poster and Case Management Study Presentations Made

Sharon Kotabe, Pharm.D., and Debra Leitner, Pharm.D., were the co-authors for a poster presentation describing the process used to develop guidelines for the treatment of geriatric depression at Laguna Honda. The presentation was made at the thirty-first annual Midyear Clinical Meeting of the American Society of Health-System Pharmacists. The Midyear Clinical is the nation's largest meeting for pharmacists who practice in organized healthcare systems, and is attended each year by 10,000 pharmacists and other healthcare providers. Also presented at the meeting was a case management study presentation co-authored by Stuart Heard, Pharm. D., (SFGH), Sharon Kotabe, Pharm.D. (LHH), and Brian Ketcher, Pharm D. (CPHS).

EMERGENCY MEDICAL SERVICES

New Medical Director Hired

The Department is very happy to announce that John Brown, M.D., began as the new EMS Agency Medical Director on December 16, 1996. Dr. Brown was formerly the Medical Director of the San Diego Federal Fire Department and the EMS Medical Director at the Naval Medical Center in San Diego. He is a board-certified emergency medicine physician and completed a fellowship in emergency medical services at Arizona Emergency Medicine Research Center in 1993. He also holds a Master's Degree in Public Administration from the University of Arizona. Dr. Brown was chosen after two national searches. We are pleased he agreed to join us, and welcome him to the Department.

As the Commission is aware, Dr. Mitch Katz has served as the EMS Medical Director since February of 1995. Because of the complicated nature of the Reconfiguration process, he will remain EMS Agency Director, for a 6 to 12 month period of mentoring. In the Department's new structure, EMS will be within the Division of Community Health and Safety, so that Dr. Katz will be able to maintain a close connection to EMS. Also, it should be noted that Anne Kronenberg has supervised Disaster Planning for the past year and a half, in the absence of an EMS Medical Director, and that these responsibilities will also by assumed by Dr. Brown.

EPIDEMIOLOGY, DISEASE CONTROL & AIDS

Haight Ashbury/Street Outreach Services Contract

As the Commission is aware, there has been a great deal of concern about the reduction in funding to the Haight Ashbury/Street Outreach Services (SOS) AIDS prevention contract. The Department has reviewed the process and the recommendations, and has explored a number of policy options.

The open bidding of prevention services was required of us by the Centers for Disease Control who fund approximately 66% of all AIDS prevention services. The HIV Prevention Planning Council also recommended to the AIDS Office that all prevention programs be re-bid.

Regarding the outreach component of the Request for Proposal (RFP), as with all AIDS Office RFPs, the responses for street outreach services were reviewed by a community review panel of persons with expertise in HIV prevention who did not have a conflict of interest.

Proposals were received and ranked by the community review panel in the following order:

Agency	Award
Haight Ashbury Free Clinic, Inc./ Women's Needs Center	$107,707
IRIS Project	$ 40,000
CAL-Pep	$106,466
Stop AIDS	$245,827
HAFCI/Street Outreach Services	$100,000

Each proposal was given dollar awards based on their rank order, the amount they applied for, and avoiding duplication of services.

Since the Haight Ashbury/Street Outreach Services (SOS) collaboration ranked fifth, the total amount they received was substantially less than the $855,000 they received in this current year. The total amount available for outreach services was less than $855,000 because some awards for street outreach services were made as part of a previous prevention RFP. The agencies receiving awards (which include outreach services as one component of their intervention) were:

1. Black Coalition on AIDS
2. Haight Ashbury Free Clinics, Inc./Women's Needs Center
3. Larkin Street
4. Tenderloin AIDS Resource Center

The exact dollar amounts of their total award to go to outreach services was to be determined in contract negotiation.

After review of the RFP itself and the review process, the Department has determined that there was no procedural violation and, therefore, it would be inappropriate to invalidate the RFP. We also evaluated whether the agencies selected could provide the necessary services. We believe that the selected agencies, many of whom have a long and successful history of performing excellent services to the Department, could provide these services. We, therefore, did not feel that it was fair to the agencies that were recommended for funding via the RFP to invalidate their awards and re-bid the services.

Nonetheless, the Department was concerned about preserving the existing relationships between outreach workers and communities. Therefore, Dr. Katz has worked with the current providers of street outreach services to arrange a plan that would preserve this continuity to a greater degree.

Several of the agencies that were collaborating and were awarded prevention funds in the first prevention RFP have been asked to devote a portion of their award to maintaining these services. Since some of these contracts were not due to start until July 1, 1997, the Department will propose to supply six months of continued funding until these prevention awards begin. Some outreach workers will not be maintained in their current agencies because their agency did not receive funding in either prevention RFP. For these outreach workers, we propose to provide enough money to Haight Ashbury, the fiscal agent for the SOS collaboration, to extend these employees for one month, to assure a more orderly transition. The source of the money to extend these services will come from one-time savings from projected late starts of new outreach programs. In addition, we will also ask those agencies that were newly funded to consider hiring these staff. We believe the above changes will assist the Department in continuing to provide excellent prevention outreach services throughout the city in a culturally and linguistically appropriate way.

Dr. Hernández discussed this issue with Mayor Brown. The Mayor requested a meeting with all outreach service providers to help facilitate this solution. We expect the meeting will occur in the next two weeks. We have, therefore, pulled the prevention contracts from this meeting and hope to bring the awards to the first Commission meeting in January.

Chiron Diagnostics Provides Viral Load Testing Service for Uninsured

We are pleased to announce that in response to the need for access to HIV viral load testing, Chiron Diagnostics has agreed to make HIV viral load testing services available for uninsured persons seen at all San Francisco Department of Public Health clinics and four of the San Francisco Community Consortium clinics. Chiron will be offsetting the costs of all tests done for persons without insurance.

As the Commission is aware, viral load testing is critical for making treatment decisions as to when to start or change therapies. Prior to the advent of HIV viral load testing, we had to wait months or years to see if a person was responding to a particular treatment regime. Now, with these tests, we can learn within a month whether the treatment is working and, if not, switch the person to a more effective regimen.

We feel that this agreement is a groundbreaking model of how private corporations can collaborate with safety-net providers to make sure that the uninsured have equal access to advanced technology and are very grateful for the foresight and commitment shown by Chiron.
November 1996 statistics are available at the Commission Office.

November 1996 statistics are available at the Commission Office.

SFGH Credentialing of Medical Staff

September-October 1996

	APPOINTMENTS		REAPPOINTMENTS	
	Med. Staff	**Affil.**	**Med. Staff**	**Affial.**
September				
Active	3		8	
Courtesy	4		14	
Associate	1		0	
Totals	8	0	22	0
Resignations	8			
October				
Active	1	2	7	1
Courtesy	10		11	
Associate	0			
Resignations	4			

November 1996

	APPOINTMENTS		REAPPOINTMENTS	
	Med. Staff	**Affil.**	**Med. Staff**	**Affial.**
Active	3		6	1
Courtesy	6		18	
Associate	2		0	
Totals	11		24	1
Resignations	16	1		
Applications	170			

Commissioner Monfredini requested the Department to provide the Department's follow-up report on the SOS AIDS prevention contract to the speakers who testified at the December 3rd Commission meeting.

5) PRESENTATION AND PUBLIC HEARING ON THE CHILDREN'S SERVICES PLAN FOR FISCAL YEAR 1997-98 FROM THE MAYOR'S OFFICE OF CHILDREN, YOUTH, AND THEIR FAMILIES (MOCYF)

Jeff Mori, Director of the Mayor's Office of Children, Youth, and Their Families, presented an overview of the proposed Children's Services Plan for FY 1997-98, (Attachment A). A copy of the full Plan is available at the Commission Office.

Mr. Mori reviewed the Core Principles that guided the development of the Plan as:

1) Involve children, youth, and their families
2) Link neighborhood services, supports and opportunities
3) Put safety first
4) Honor diversity
5) Be accountable for results

In planning for the next five years, Mr. Mori reported the following:

The Children's Services Plan is only one element of San Francisco's policy for children, youth, and their families. Achieving the City's priorities in the areas of child care, youth employment, violence prevention, and family support will require a long term commitment to a specific policy agenda. Mayor Brown has charged MOCYF with the responsibility for leading the development of a five-year action plan and policy agenda for children, youth, and their families.

MOCYF will use a planning process similar to the one used to develop this Children's Services Plan. MOCYF planning task forces will tap the expertise of San Francisco youth, parents, leaders of neighborhood, faith, philanthropy, university, business, and labor communities; City departments and other service providers. The result will be a pragmatic agenda for a positive future for children, youth, and families in San Francisco. MOCYF will work with existing planning initiatives, including the Starting Points Initiative, focused on young children and their families and the upcoming Youth Commission's Youth Summit scheduled for early 1997.

To create a framework for a long-term planning, MOCYF reviewed parent and youth testimony at the community summits, data on child care in San Francisco, the expert perspectives of Children and Youth Summit participants, and policies and practices in San Francisco and other communities.

Because this is a draft of the Plan, comments from the Commissions, City Departments, and the community will be received through December 23, 1996.

Public Speakers: Denise McCarthy, Telegraph Hill Neighborhood Center
Joseph T. Wilson, Coleman Advocates for Children and Youth
Maria Luz Tan, Parent Voices/Parent Advocates for Youth

Commissioners' Comments:

- Expressed concern on the impact of Welfare Reform on the timeline of the Children's Plan.
- Strategy is needed to integrate Welfare Reform into the Children's Plan.
- With this ambitious program in the Plan, the administrative budget may be needed.
- Guidelines and principles are clear.

- Include information on the role of the downtown private sector, school district, and small businesses with youth employment and indicate how MOCYF has been involved with these different sectors.
- Include the impact of Federal legislation on non-profit service organizations.
- The Department of Public Health will integrate its children's services into the goals and objectives of the Plan.
- Because this Plan is still in the draft stage, concerns from the community could be addressed.

Mr. Mori thanked the Commissioners for their comments and looks forward to continue working with the Department staff.

6) PRESENTATION OF THE 1995-96 DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT

Tangerine Brigham, Director of Policy and Planning, presented the Annual Report which highlights various programs provided by the Department, as well as summarizes major initiatives undertaken by the Department during the preceding fiscal year. The full report is available at the Commission Office.

The Annual Report included:

A Message from the Director
Assessing our Community's Needs
Emergency Medical Services
Keeping People Healthy
San Francisco Health Commission
Organizational Chart
Staff Making a Difference
Focusing on the Community
Partnering with the Community
Looking Towards the Future
Demographics of our City
Health Status Indicators
1995-96 Financial Information
The Department's Workforce
Department Programs and Telephone Numbers

Commissioners thanked and complimented the Department for an excellent report.

Public Speakers: Nathan Nayman, West Bay Hospital Council

Ms. Brigham stated that the report will be widely distributed to the many individuals and groups which work with the Department.

7) PRESENTATION OF THE 1996 STATE LEGISLATIVE REPORT

Tangerine Brighan, Director of Policy and Planning, presented the 1996 California Legislative Report which summarizes selected health related legislation which was introduced in 1996, bills which either were enacted or failed. The report also highlights the Department's legislative priorities for 1997 and the Department's recommended administrative and legislative remedies to the Welfare Reform Act.

The full report is available at the Commission Office.

Ms. Brigham reported that a legislative report will be provided annually to the Commission.

8) PRESENTATION OF THE ANNUAL EQUAL EMPLOYMENT OPPORTUNITY REPORT

Gloria Louie, Manager of Equal Employment Opportunity and Affirmative Action Programs, presented the Annual Report (Attachment B) which included:

- Potential Impacts of Proposition 209 on the Department's Equal Employment and Affirmative Action Hiring Practices Now and in the Future,
- An opinion paper on "Cultural Competent Services and Affirmative Action Hiring: Are the Two Synonymous?",
- Departmentwide labor force date,
- Labor force information by Department of Public Health Divisions,
- Underutilization statistical information by job categories departmentwide and by Division,
- Comparative labor force information of the administrative job category over an eight (8) year period, and
- Department's affirmative action program activities for fiscal years 1995-96 and planned activities for 1996-97.

The Commission looked at overall trends in the report.

Commissioner Eades expressed his concern in the gay/lesbian area for efforts working with women, the transgender community, and people of color.

President Chow emphasized that the important goal is to diversify the workforce to reflect the consumer population.

9) OTHER BUSINESS/PUBLIC COMMENTS

Public Speakers: Chata, HIV Prevention Planning Council, submitted a letter from the Council

Marjorie S. Katz, Real Alternatives Program, requested answers to questions raised by community representatives.

President Chow requested a discussion take place between Ms. Katz and Dr. Mitch Katz, Director of Epidemiology, AIDS, and Disease Control.

Dr. Clark Taylor, Community College District AIDS Education Office, supported SOS.

Joyce Inouye, supported alternative methods in treating health conditions.

10) DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.11(A) AS TO WHETHER TO CONDUCT A CLOSED SESSION ON TWO ITEMS:

Possible closed session held pursuant to Brown Act Section 54956.9(c) and Sunshine Ordinance Section 67.11.

1) Conference with Legal Counsel: Consideration of a proposed settlement of a claim, Deedra Robinson vs. CCSF (SFGH), Municipal Court #123-430 in the amount of $9,000.

2) Consideration of a proposed judgment in the amount of $50,692.96 for Knyper vs. CCSF, Superior Court #970-751.

Action Taken: The Commission unanimously voted to conduct a closed session on the two items.

Action Taken: The Commission unanimously voted to approve the two above items.

Action Taken: The Commission unanimously finds that is in the best interest of the public not to disclose its closed session deliberations.

11) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:45 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

CHILDREN'S SERVICE PLAN
FY 1997-98

PART 1: Setting 1997/98 Priorities
- 1.1 The Planning Process
- 1.2 Core Principles
- 1.3 Themes, Perspectives, and Directions

PART 2: Children's Fund Action Strategies
- 2.1 Children's Fund Goals
- 2.2 Fiscal Recommendations for Children's Fund Categories
- 2.3 Children's Fund Program Emphasis
- 2.4 Children's Fund Allocations to City Departments
- 2.5 Evaluation for Accountability
- 2.6 Technical Assistance
- 2.7 Leveraging Resources

PART 3: Toward a City-wide Policy Agenda for Children, Youth, and their Families
- 3.1 Planning for the Next Five Years
- 3.2 Making San Francisco Work Better for Children, Youth, and their Families
- 3.3 Responding to State and Federal Initiatives
- 3.4 Next Steps

PART 4: Funds at a Glance

Community Comments

Appendices:
- A) Timeline
- B) Proposition J Legislation
- C) Description of the Mayor's Office of Children, Youth, and their Families
- D) Acknowledgments
- E) End Notes

Attachment A
Page 1 of 2

EXECUTIVE SUMMARY

The 1997/98 Children's Services Plan is based on 1) the voices of more than 1,000 San Francisco youth and adults who participated in community summits, 2) data on the health and well being of the City's children and youth, 3) the perspectives of diverse local and national participants in the city-wide Children and Youth Summit, and 4) successful service delivery models in San Francisco. The Children's Services Plan:

Defines San Francisco's priorities for children and youth. From their diverse perspectives, community summit participants across the City identified similar priorities for San Francisco's children and youth: access to quality, affordable child care; youth employment opportunities; support services for children and youth; safe environments and positive alternatives for children and youth; and resources, supports, and opportunities for families.

Sets goals for 1997/98 Children's Fund allocations. To be effective, Children's Fund allocations must be strategically targeted to address priorities, consistently support healthy child and youth development through a continuum from infancy to age 18, and make the most of the strengths and assets of the City's children, youth, families, and communities. The 1997/98 Children's Fund goals are to: 1) increase access to quality, affordable child care services, 2) increase youth employment opportunities, 3) provide safe and positive alternatives to violence for children and youth, and 4) improve access to quality supports and services for children, youth and their families.

Recommends Children's Fund allocations by category and program funding emphasis. The plan recommends maintaining current allocations at 25% of the Children's Fund for each of four funding categories: 1) child care; 2) health and social services; 3) job readiness, training, and placement; and 4) delinquency prevention, education, recreation, and libraries.

Programs funded through the 1997/98 Children's Fund will emphasize the importance of both ongoing support for promising models and the opportunity for innovation, creativity, and non-traditional methods. Specifically, Children's Fund allocations will emphasize collaborative approaches to: neighborhood networks and community centers, city-wide networks, parent-initiated projects, youth-initiated projects, and work and learning opportunities for youth.

City departments will work together to set and be accountable for collaborative outcome objectives for Children's Fund allocations to City departments. The process will be to develop an interdepartmental collaborative plan for integrated services, including co-location of City department services at neighborhood sites.

Identifies key policy issues and options for a comprehensive, city-wide five year action plan for children, youth, and their families.

Attachment A
Page 2 of 2

EXECUTIVE SUMMARY

Below is an analysis of the Department's labor force statistics for fiscal year 1995-96. Included with this report is the following information:

- Department-wide labor force data;
- Labor force information by DPH divisions;
- Under-utilization statistical information by job categories Department-wide and by division;
- Comparative labor force information of the administrative job category over an eight (8) year period.

LABOR FORCE OVERVIEW
DEPARTMENT-WIDE

As of June 1996, the Department employed 5805 employees. The Department continues to maintain a diversified labor force that closely resembles the San Francisco and Bay Area labor force parity figures.

1996 DPH Labor Force

	EURO AMER %	AFRICAN AMER %	HISPANIC %	ASIAN %	FILIPINO %	AMER INDIAN %	MALE %	FEMALE %	TOTAL %
06/30/96	1770 30.5%	910 15.7%	692 11.9%	889 15.3%	1511 26.0%	33 0.6%	1832 33%	39020 67%	5805 100%
1990 LABOR FORCE AVAILABILITY									
SF Bay Area[13]	62.3%	9.1%	12.7%	11.1%	4.2%	0.5%	54.0%	46.0%	100%

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[13] Approximately 46.8% of Department of Public Health employees reside in San Francisco, and approximately 53.2% reside in one or more of the other four (4) Bay Area counties outside of San Francisco. Thus, for discussion purposes, the labor force parity statistics representing the five (5) Bay Area counties will be used in this report to determine under-utilization, establish goals and target recruitment efforts. These statistics represent the estimated labor force availability in San Francisco, Marin, San Mateo, Alameda, Contra Costa and are utilized in analyzing the Department's data.

ADMINISTRATORS

Labor Force Information of DPH Administrators Category For an Eight Year Period

In the last eight (8) years (1989-1996), the department continued to maintain a reduced number of administrative positions. In 1989 administrative positions were 170. In 1996 the number of administrative positions are 116 (-54 or -31.8%).

	EURO AMER %	AFRICAN AMER %	HISPANIC %	ASIAN %	FILIPINO %	AMER INDIAN %	MALE %	FEMALE %	TOTAL %
06/30/89	95 55.9%	24 14.1%	15 8.8%	27 15.9%	8 4.7%	1 0.6%	71 41.8%	99 58.2%	170 100%
06/30/96	64 54.2%	21 17.8%	13 11.0%	18 15.3%	1 0.9%	1 0.9%	49 42%	69 58%	118 100%
1990 Parity		9.1%	12.7%	11.1%	4.2%	0.5%	54.0%	46.0%	100%

The only under-utilized group in the Administrator category department-wide are Hispanic and Filipino.

As of June 1996, the Health Department's executive staff includes the following positions and individuals:

Director of Health	Hispanic	female
Executive Administrator, SFGH	Hispanic	male
Executive Administrator, LHH	African American	male
Deputy Director of Health, DMS	European American	female
Deputy Director of Health, CPHS & AIDS	European American	male
Deputy Director of Health, CSAS & Forensics	European American	male
Director of Policy and Planning	African American	female
Director of Human Resource Services	European American	male
Chief Financial Officer	European American	female
Executive Assistant to the Director of Health	European American	female

Of the executive group, four (4) or 40% are people of color and five (5) or 50.0% are women.

WORK FORCE COMPOSITION AT THE DIVISION LEVEL

Below is an overview of the labor force information of the Health Department's four (4) divisions: San Francisco General Hospital (Department 86); Laguna Honda Hospital (Department 85); Division of Mental Health, Substance Abuse and Forensics (Department 87); Community Public Health Services (Department 83).

San Francisco General Hospital

San Francisco General Hospital with a work force of 2366 employees (40.8% of the Department's total work force) is above parity with respect to African Americans, Asians Filipinos, American Indians and women. The Hispanic (-.9%) and American Indian (-.12%) groups are under utilized in the indicated percentage.

	COMPOSITION OF WORK FORCE	LABOR PARITY	% OF GOAL ACHIEVED
AFRICAN AMERICAN	15.4%	9.1%	169%
HISPANIC	**11.8%**	**12.7%**	**93%**
ASIAN	14.8%	11.1%	133%
FILIPINO	22.7%	4.2%	540%
AMERICAN INDIAN	**0.4%**	**0.5%**	**80%**
WOMEN	64.0%	46.0%	139%

Laguna Honda Hospital

Laguna Honda Hospital with a work force of 1644 employees (28.3% of the Department's total work force) is above parity for African Americans, Asians, Filipinos and women. The Hispanic (-4.8%), and American Indian (-.1%) groups are underrepresented as shown.

	COMPOSITION OF WORK FORCE	LABOR PARITY	% OF GOAL ACHIEVED
AFRICAN AMERICAN	16.6%	9.1%	182%
HISPANIC	**7.9%**	**12.7%**	**62%**
ASIAN	11.7%	11.1%	105%
FILIPINO	46.9%	4.2%	1116%
AMERICAN INDIAN	**0.4%**	**0.5%**	**80%**
WOMEN	75.0%	46.0%	163%

Division of Mental Health, Substance Abuse and Forensics

The Division of Mental Health, Substance Abuse and Forensics (DMSF) with a work force of 613 employees (10.6% of the Department's total work force) is at or above parity, in all targeted ethnic and gender categories.

	COMPOSITION OF WORK FORCE	LABOR PARITY	% OF GOAL ACHIEVED
AFRICAN AMERICAN	14.7%	9.1%	161%
HISPANIC	15.2%	12.7%	120%
ASIAN	17.0%	11.1%	153%
FILIPINO	12.6%	4.2%	300%
AMERICAN INDIAN	0.5%	0.5%	100%
WOMEN	63.0%	46.0%	137%

Community Public Health Services

As of June 1996, Community Public Health Services with a labor force of 1182 (20.4% of the Department's total work force) continues to be significantly above parity with all targeted groups.

	COMPOSITION OF WORK FORCE	LABOR PARITY	% OF GOAL ACHIEVED
AFRICAN AMERICAN	15.3%	9.1%	168%
HISPANIC	16.2%	12.7%	127%
ASIAN	20.4%	11.1%	184%
FILIPINO	10.7%	4.2%	255%
AMERICAN INDIAN	1.3%	0.5%	260%
WOMEN	65.0%	46.0%	141%

SPECIAL AFFIRMATIVE ACTION PROJECTS
FISCAL YEAR SUMMARY - 1995-1996

Below is a summary of the Department's special affirmative actin projects for fiscal year 1995-1996. (See page 33 for a detailed description of these projects).

- Assisted the DPH Human Resource group with the development and coordination of the Disciplinary/Corrective Action Training.

- Provided DPH program managers with more education on a conflict resolution model that assists them in dealing with cultural conflicts and building their mediation skills.

- Reviewed the Department's provision of services to employees and public health recipients with disabilities and restructured the processes for better service.

- Assisted other city Departments (e.g., MUNI, SFPD, SF Unified School District, Commission on Aging, Commission on the Status of Women, and SF Department of Human Resources with EEO/AA needs and training.

AFFIRMATIVE ACTION ACTIVITIES FOR FISCAL YEAR 1996-1997

- Computerize the Department's recruitment effort

- Continue to assist the Department with their plans to restructure and reorganize.

- Assist the DPH Human Resource group with the development and coordination of part II of the Disciplinary/Corrective Action Training: Employee Counseling and Document Preparation.

- Expand the Cultural Awareness, Conflict Resolution and Customer Service training modules for managerial, supervisory and public contact staff.